AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

14

No. ~~III.~~ } New Series. NEW YORK: SATURDAY, OCTOBER 4, 1862. { *Mail Subscribers, $3 per Ann.*
Vol. V. } *City and Canadian, 3 50 "*
Single Numbers, 10 cents.

Page

ORIGINAL LECTURE.

Lectures on the Diagnosis of Diseases of the Heart. Delivered at the Bellevue Hosp. Med. Col. By Austin Flint, M.D. Lecture I. 183

ORIGINAL COMMUNICATIONS.

Remarks on Albuminuria. By A. Clark, M.D. 186
Neglected Cases. By Chas. F. Taylor, M.D. 187
Some of the Effects of Tobacco. By P. J. Farnsworth, M.D. . 189

Page

PROGRESS OF MEDICAL SCIENCE.

New Symptom of Scarlatina . . 190
Treatment of Pneumonia . . . 190

REPORTS OF SOCIETIES.

N. Y. Pathological Society:
Stated Meeting, June 11, 1862. Dr. T. C. Finnell, President, in the Chair. Distended Cyst above the Bladder, and connected with it. Strangulated Hernia (Scrotal) 191

EDITORIAL ARTICLES.

Med. Examination of Conscripts 192

Page

The Week:
Deficiency in the Provision for the Wounded in the Field . 193
Contemplated Directory of the Sick in Military Hospitals . 193
Apparatus for Ventilating Ships and Hospitals 194
The Medical Bureau in St. Louis. 194
The Students' Number . . . 194

REVIEWS.

A Practical Guide to the Study of the Diseases of the Eye, their Medical and Surgical Treatment. By Henry W. Williams, M.D. 194

ARMY MEDICAL INTELLIGENCE.

New Medical Bureau. 195
Inspection of General Hospitals of the Army 195

CORRESPONDENCE.

Domestic Correspondence . . . 196

Meteorology and Necrology of the Week in the City and County of New York.
Special Notices.
Publications Received.

Piercy's Pile Pipe.

An entirely new Invention, recently devised for the convenient and perfect application of Curative, Sedative, and Lubricating Ointment to the lower portion of the rectum. It is

SIMPLE, CLEANLY, AND EFFECTIVE,

and its introduction is unattended with *Pain;* it is not easily broken, and can never get out of order. It is of such a size as to be conveniently carried in the *pocket*, and can be charged with sufficient ointment for several applications, a fact of much importance to *travellers*. It has met with the entire approbation of every physician to whom it has been submitted. Physicians are requested to call at the agent's office and examine the article.

To be had of all Druggists.

THOMAS W. BEACH, Sole Agent,
36 Beekman, corner of William St., N. Y.

SECOND EDITION.

NOW READY IN CONVENIENT POCKET FORM,

12mo. 280 PAGES and 237 WOODCUT ILLUSTRATIONS. Price $1 75.

Sent free by mail on receipt of price.

HAND-BOOK
OF
SURGICAL OPERATIONS.
BY
STEPHEN SMITH, M.D.,

SURGEON TO BELLEVUE HOSPITAL.

This work gives the details of the more common as well as the important operations in Surgery. It is particularly adapted to the wants of the ARMY SURGEON, and would be found useful both by the practitioner and student.

From the "American Journal of the Medical Sciences." July, 1862.

The second, third, fourth, and fifth chapters, which constitute the great part of the work, contain an admirable exposition of the subjects to the consideration of which they are devoted, and they may be consulted by every surgeon with pleasure and profit. The chapter on resections is particularly valuable, and it may confidently be said to contain the best account of this important class of surgical operations that is to be found in the English language.

From the "Cincinnati Lancet and Observer." July, 1862.

The state of our country during the past year has called out a new department of professional literature, of which this book before us is an example: books bearing upon the wants of the surgeon in actual service in field and camp. For its purpose perhaps none of these hand-books for the army surgeon are more practically valuable than this contribution of Dr. Smith. Of course, this is a condensed compilation—it makes no pretence to anything else; but it is well compiled, well condensed, and well digested; the whole is in very convenient shape for reference and immediate use in emergency,—and this need of the surgeon on duty we suppose is exactly what Dr. Smith intended and desired to fill. An excellent feature increasing its value consists in the copious illustrations throughout the entire volume. Every point and description of any importance is clearly and well illustrated with the accompanying wood-cut. It is bound in flexible cover, and will carry conveniently in the pocket, or pack in very small compass in the camp-chest.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

WILL BE ISSUED OCTOBER 10, 1852.

One Vol. 12mo., pp. 183, Cloth.

COURSE OF LECTURES ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE NEW YORK MEDICAL COLLEGE,

BY A. JACOBI.

Bailliere Brothers, 440 Broadway, New York.

Bellevue Hospital Medical College,

City of New York. Second Annual Session 1862–3.

FACULTY.

ISAAC E. TAYLOR, M.D., *President.*
AUSTIN FLINT, JR., M.D., *Secretary.*

JAMES R. WOOD, M.D., No. 2 Irving Place, Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.
LEWIS A. SAYRE, M.D., No. 795 Broadway, Professor of Orthopedic Surgery.
ALEXANDER B. MOTT, M.D., No. 209 Tenth Street, Professor of Surgical Anatomy.
STEPHEN SMITH, M.D., No. 45 West Thirty-fourth Street, Professor of the Principles of Surgery.
ISAAC E. TAYLOR, M.D., No. 18 West Twentieth Street, Professor of Obstetrics and the Diseases of Women and Children.
GEORGE T. ELLIOT, M.D., No. 18 West Twenty-ninth Street, Professor of Obstetrics and the Diseases of Women and Children.
B. FORDYCE BARKER, M.D., No. 70 Union Place, Professor of Obstetrics and the Diseases of Women and Children.
BENJAMIN W. McCREADY, M.D., No. 7 West Ninth Street, Professor of Materia Medica and Therapeutics.
TIMOTHY CHILDS, M.D., Professor of Descriptive and Comparative Anatomy.
AUSTIN FLINT, M.D., No. 74 Union Place, Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M.D., No. 70 Union Place, Professor of Chemistry and Toxicology.
AUSTIN FLINT, JR., M.D., No. 74 Union Place, Professor of Physiology and Microscopy.
CHARLES PHELPS, M.D., Demonstrator of Anatomy, Curator of Hospital Museum.
SYLVESTER TEATS, M.D., Prosector to Chair of Operative Surgery and Surgical Anatomy.
N. R. MOSELY, M.D., Prosector to Chair of Surgical Anatomy.
ARTHUR A. SHIVERICK, M.D., Clinical Assistant to Chair of Principles and Practice of Medicine.
A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.
EDWIN A. WARE, Bellevue Hospital, Janitor.

PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCready; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every week-day, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The BELLEVUE HOSPITAL receives annually from TEN to TWELVE THOUSAND PATIENTS, the average number of cases constantly under treatment during the winter being from EIGHT to TEN HUNDRED. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about FIVE HUNDRED. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of Bellevue Hospital, contains usually about ONE THOUSAND patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

In addition to the immense field of clinical instruction afforded by these hospitals, the student may avail himself of other resources for practical instruction contained in the great metropolis.

Practical Anatomy, amply provided for by law, may be prosecuted to any extent and without expense.

Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

The fees for all the tickets for the Session amount to $105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is $5. The graduating fee is $30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for $50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this college, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for $50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from $3 to $5 per week. The *necessary* expenses at attending a course of lectures need not exceed $200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., No. 74 Union Place, corner of 4th Avenue and 19th Street.

Geneva Medical College.—The Session of 1862–63 will begin on Wednesday Oct. 1, 1862, and continue sixteen weeks.

FACULTY.

JOHN TOWLER, M.D.,
Dean and Registrar.

JAMES HADLEY, M.D.,
Emeritus Professor of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Professor of Principles and Practice of Surgery.
GEORGE BURR, M.D., Professor of General and Special Anatomy.
NELSON NIVISON, M.D., Professor of Physiology and Pathology.
HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.
_____, Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.*
LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, payable in advance.—Matriculation, $3. Tickets for the whole Course, $50. Graduation, $20. Demonstrator's ticket, $3. Anatomical material, $5.

Special attention paid to Military Surgery etc.

Further information may be obtained by addressing

J. TOWLER, Dean of the Faculty, Geneva, N. Y.

* R. Stone, M.D., will perform the duties of this department.

TARRANT'S
Effervescent Seltzer Aperient.

This valuable and popular medicine has universally received the most favorable recommendations of the MEDICAL PROFESSION and the PUBLIC as the MOST EFFICIENT AND AGREEABLE

Saline Aperient.

It may be used with the best effect in

BILIOUS AND FEBRILE DISEASES, COSTIVENESS, SICK HEADACHE, NAUSEA, LOSS OF APPETITE, INDIGESTION, ACIDITY OF THE STOMACH, TORPIDITY OF THE LIVER, GOUT, RHEUMATIC AFFECTIONS, GRAVEL, PILES,

AND ALL COMPLAINTS WHERE

A Gentle and Cooling Aperient or Purgative is required.

It is particularly adapted to the wants of Travellers by Sea and Land, Residents in Hot Climates, Persons of Sedentary Habits, Invalids and Convalescents. Captains of Vessels, and Planters, will find it a valuable addition to their Medicine Chests.

It is in the form of a Powder, carefully put up in bottles, to keep in any climate, and merely requires water poured upon it to produce a delightful effervescent beverage.

Numerous testimonials from professional and other gentlemen of the highest standing throughout the country, and its steadily increasing popularity for a series of years, strongly guarantee its efficacy and valuable character, and commend it to the favorable notice of an intelligent public.

TARRANT'S
Cordial Elixir of Turkey Rhubarb.

This beautiful preparation, from the

TRUE TURKEY RHUBARB,

has the approval and sanction of our BEST PHYSICIANS, as a valuable and favorite Family Medicine,

And preferable to any other form in which Rhubarb is administered, either for ADULTS OR CHILDREN, it being combined in a manner to make it at once PALATABLE TO THE TASTE AND EFFICIENT IN ITS OPERATION.

TARRANT'S
Compound Extract of Cubebs and Copaiba.

This preparation is particularly recommended to the Medical Profession and the Public, as combining in the most convenient and efficacious form the well established virtues and properties of Cubebs and Copaiba. In its preparation as an extract, the usual nauseous taste is avoided, and it is consequently never found to disagree with the digestion, while, from its greater concentration, the dose is much reduced. It may be relied on as the best mode for the administration of these remedies in the large class of diseases of both sexes to which they are applicable.

MANUFACTURED ONLY BY

TARRANT & CO.,
No. 278 Greenwich Street corner of Warren,
NEW YORK.

Original Lectures.

LECTURES
ON THE
DIAGNOSIS OF DISEASES OF THE HEART.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE DURING THE PRELIMINARY TERM.
SESSION 1862-63.

By AUSTIN FLINT, M.D.
PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE I.

Preliminary Remarks.—Arrangement of Diseases of the Heart in Three Divisions, viz. Structural, Inflammatory, and Functional.—Exhibition of the Heart and its Topographical Relations in the Cadaver.—Delineation of the Boundaries of the Superficial and Deep Cardiac Spaces, by Means of Percussion, on the Healthy Chest.—Effects of Enlargement of the Heart on the Situation of the Apex-Beat.—Increased Area of the Superficial Cardiac Space, and Extension of the Lateral Boundaries of the Deep Cardiac Space as Evidence of Enlargement.—The Application of Physical Exploration to Determine the Existence and Amount of Enlargement, Illustrated by two Cases.

GENTLEMEN:—During the preliminary term of the last session, I delivered a short series of lectures on Physical Exploration as applied to the diagnosis of diseases of the lungs. I propose, during the preliminary term of the present session, to devote the lectures assigned to me to a kindred subject, viz. the diagnosis of diseases of the heart. It is an interesting fact, that most of our present knowledge of this subject has been developed within a late period. Up to a quarter of a century ago, little was known of diseases of the heart, especially as regards their discrimination during life; they were recognised only when they were so far advanced that the evidence of their existence had become very palpable. At the present moment, perhaps, in no department of practical medicine is our knowledge more complete and satisfactory. It would be pleasant, by way of an introducion to the consideration of the subject, to give a historical sketch of the researches by means of which the subject has been elucidated during the last quarter of a century; but I could not do this without occupying time which may be more profitably spent with matters of greater practical importance, and I must, therefore, forego that pleasure.

I shall not detain you with any extended introductory remarks on the claims which the subject has on your attention. I am sure you will be properly impressed with its importance in the course of the clinical studies which we are to pursue together during the session. Suffice it to say, that in almost every case of illness which will hereafter come under your cognizance as practitioners of medicine, it is desirable to determine whether the heart be diseased or healthy; and the existence or non-existence of disease of this organ is to be taken into account in the management of the majority of cases. If the heart be diseased, the fact should be ascertained; if not diseased, the fact should be known; and it will often happen that the fact of the existence of disease, on the one hand, or the fact of the non-existence of disease, on the other hand, is by no means important merely as a matter of diagnosis, nor with reference only to the prognosis, but as bearing on the employment of therapeutical and hygienic measures.

In treating of the diagnosis of pulmonary diseases, during the last session, I was obliged to limit myself to physical signs, owing to the extent of the subject. The diagnosis of diseases of the heart is a less extensive subject; it lies within comparatively a small compass; and I shall probably be able, in the short series of lectures accorded to me, to consider diagnostic symptoms as well as physical signs.

With regard to the diagnosis of cardiac as well as pulmonary diseases, if we compare signs and symptoms with reference to their relative value, we must consider the former as vastly more important. The signs are more precise, more reliable, and more available than symptoms. But neither should receive exclusive attention; the signs and symptoms should always be associated. In this way the proof of the correctness of the diagnosis is strengthened, and we avoid errors which are unavoidable if either symptoms or signs are exclusively relied upon.*

In treating of the diseases of the heart, I shall consider these diseases as divided into three classes. *First*, Affections involving appreciable changes of structure, or in other words, lesions. We may distinguish these diseases as structural affections. *Second*, Diseases consisting of inflammation seated in any of the structures which enter into the composition of the organ; or, inflammatory affections. *Third*, Diseases attended with no appreciable changes, or functional affections. I shall begin with the diagnosis of structural affections. And, of these, the first to which I shall ask your attention is enlargement of the heart. How do we determine whether the heart be or be not enlarged? This is the first question in diagnosis which I propose to consider. We shall see hereafter, when we treat of the pathology of diseases of the heart, that this is a highly important question. We shall see that, in the cases in which other structural affections exist, the gravity and danger depend chiefly on the coexistence of enlargement of the heart. Now, as the basis of the means by which the fact of enlargement, or otherwise, is to be obtained, we are to take into account certain points relating to the anatomical situation and relations of the heart in health. It is not my province to lecture, at length, on the anatomy of the heart. I must presume that you are already familiar with the structure of the organ; if not, the facilities are at hand, in this college, for becoming so. I shall only bring before you some points relating especially to the topographical relations of the heart, which must be clearly before the mind's eye in order to understand the means of determining its size in the living body. In order to make these points as clear as possible, let us inspect the heart as it is exhibited on opening the chest of a cadaver in which the thoracic organs are free from disease.

On the table before me, is a dead body, with the sternum removed, by a division of the costal cartilages at their junction with the ribs. You have now presented an anterior view of the thoracic organs. You see a portion of the lungs, and a portion of the heart concealed by the pericardium which has been allowed to remain intact. The lungs, you are to bear in mind, have not the volume which they had before the chest was opened. Removing the sternum has exposed them to atmospheric pressure, and they have in a measure collapsed. I have caused the nozzle of a pair of bellows to be inserted into the trachea, and I am thus able to inflate the lungs. I do this moderately, so as to produce about the amount of expansion which the lungs would have had the chest not been opened. Let me now call your attention to the situation of the heart and its relations to the right and left lung. You perceive that the anterior margin of the right lung extends to the middle of the chest, or the median line. But you perceive this is not true of the left lung. At a certain point, viz. a point corresponding to the junction of the fourth costal cartilage with the sternum, the left lung separates from its fellow, leaving a triangular space within which the pericardium is uncovered by lung, and in immediate contact with the thoracic walls. Observe this triangular space. I shall refer to it frequently in treating of the diagnosis of diseases of the heart. It is called the *Superficial cardiac space;* called superficial, because it is situated superficially as regards the lungs and thoracic walls.

* The terms *symptoms* and *signs* are here used with the conventional sense now attached to each, viz. the term signs being limited to the phenomena obtained by the physical methods of examination, auscultation, percussion, etc., and the term symptoms applied to all other phenomena of disease. This use of these terms, although not correct, is convenient.

Mark the boundaries of this superficial cardiac space. The upper boundary is situated on the median line on a level with the fourth costal cartilage; the anterior margin of the left lung, and the anterior margin of the right lung form, respectively, the right and left boundary, and below it is bounded by the stomach and the left lobe of the liver with the diaphragm intervening. You perceive that this space approximates to the figure of a right-angled triangle. The receding margin of the left lung forms the hypothenuse of the triangle, while the lower and right boundaries form the two sides of the right angle. The area of this space depends, of course, on the degree of expansion of the lungs. If I inflate the lungs, as I will do by means of the bellows attached to the trachea, to their fullest capacity, you see that the space is considerably diminished. This occurs, in the living body, when the lungs are expanded by deep inspiration; and it occurs, as I shall illustrate hereafter, when the lungs are permanently expanded in the disease called pulmonary emphysema. That portion of the anterior surface of the heart and pericardial sac which is covered by lung, is distinguished as the *deep cardiac space*. Observe that this space on the left side extends to about the situation of the nipple, and on the right side, from half an inch to an inch beyond the right margin of the sternum. The limits, on the right and left side, of the deep cardiac space, correspond to the situations of the right and left borders of the heart. These are points pertaining to the topographical relations of the heart which are to be recollected. I shall refer to them again, presently, in directing your attention to the living body.

I now open the pericardial sac and expose the heart itself to view. With its form, component parts, etc., I suppose you to be familiar. I wish only to direct your attention to its situation. The relations of its lateral borders have just been indicated. Vertically, it extends from the third to the sixth ribs. Its direction, as you see, is oblique. The point or apex corresponds to the fifth intercostal space, and its situation in relation to the *linea mammalis*, or a vertical line passing through the left nipple, on the one hand, and the median line on the other hand, is to be recollected. It is situated about an inch within the linea mammalis, and about three inches to the left of the median line.

There are a few remaining anatomical points, which I will ask you to observe. One point is, the smooth, polished appearance of the serous membrane, which lines the fibrous sac containing the heart, and invests the surface of the organ. I shall have occasion to refer to this in treating of pericarditis. Another point is, the attachment of the pericardial sac, not at the base of the heart, but to the large vessels two or more inches above the heart's base. Observe, the pericardial sac is wider at the lower than at the upper part. When spread out or distended, it occupies a pyramidal space, the base of which is below and the apex above, while the space occupied by the heart itself forms a triangle of which the base is above and the apex below. Observe, the heart is fixed only at the base, by means of the connexions of the vessels emerging from it, while the body and apex are free and movable. Observe, also, the two large arteries which spring from the base of the heart, viz. the pulmonic and the aorta. The relative situation of these is of importance with reference to certain physical signs. You see the pulmonic artery on the left side rising to the second rib, and the aorta on the other side rising nearly to the first rib in joining its arch.

These, gentlemen, are all the points relating to the topographical relations of the heart which I wish to bring before you preparatory to considering the diagnosis of enlargement, and, if you will now go with me to the hospital amphitheatre, we will leave the cadaver and direct our attention to the living body.

Recurring to the question, "How do we determine whether the heart be or be not enlarged?" I answer, we do it by means of physical signs. We employ physical exploration with reference to this affection, as in its application to all the diseases of the lungs and heart, for either a positive or a negative end. The positive end is the discovery of signs denoting the existence of the affection; the negative end consists in finding the phenomena of health, and therefore excluding the affection. Now, physical exploration enables us to determine during life that the situation of the heart, the space which it occupies, and its relations to the surrounding parts, are the same which we have just shown to exist in the body after death. We determine this chiefly by percussion, but auscultation may also be employed; the former is sufficient for all practical purposes. How do we employ percussion to determine the situation, size, and relations of the heart in health? In proceeding to answer this question, I shall introduce a person, supposed to be free from any thoracic disease, with the chest exposed.

When percussion is made on the chest of a healthy person, a sound is produced, which is known as the normal vesicular resonance. It is very important for you to become practically acquainted with the characters of this resonance, but the consideration of it pertains to the application of percussion to the pulmonary organs. I give you an example of this resonance as I now strike with my percussor the chest of the person before you. If I employ percussion over the portion of the chest which corresponds to the space occupied by the heart, known as the præcordia, the presence of this organ affects the resonance; it is diminished in degree, in other words there is dulness; it is altered in other respects, but it is sufficient to say that there is dulness. By means of this dulness, it is easy to determine and delineate on the chest the *superficial cardiac space* which you have just seen exhibited in the cadaver with the sternum removed. Commencing in the centre of the præcordia, as I now percuss, you perceive, at once, the dulness; it is well marked. I percuss lightly from the centre in every direction, and you perceive that this marked dulness is confined within certain limits. Let me ascertain those limits, and mark them with ink on the chest. Having done so, you see I have produced by my lines in ink a right-angled triangle. This figure incloses the *superficial cardiac space*. Observe its situation: the oblique line, or hypothenuse, extends from the middle of the sternum on a level with the cartilage of the fourth rib, to a point in the fifth intercostal space, about an inch within the *linea mammalis*, and at the latter point you perceive the beating of the heart. The sides of the right angle consist of a vertical line in the centre of the sternum, and a horizontal line corresponding to the lower boundary of the heart. This space is generally so easily determined, that the merest tyro in percussion is competent to delineate it.

Let us now see whether percussion will enable me to determine the boundaries of the *deep cardiac space*, or, in other words, the boundaries of the space which the whole of the heart occupies. Percussing from above downwards, and striking with more force than before, when I come to the third rib over and close to the sternum on either side, a change in the percussion sound is appreciable; dulness is apparent, although less marked than within the superficial cardiac space. This dulness over the third rib denotes the situation of the base of the heart. Next, I percuss from the left lateral surface of the chest towards the median line, and now as I have advanced a little within the nipple you perceive a change in the percussion-sound; there is slight dulness. This denotes the situation of the left border of the heart. Next, percussing from the right nipple towards the median line, at a point near the right border of the sternum, about half an inch from it, a similar change, or dulness, is observed. This denotes the situation of the right border of the heart. These points connected with the boundaries of the heart are all that are practically important; and we are now prepared to consider the application of percussion to determine the existence of enlargement of the heart.

When the heart becomes enlarged, the base of the organ being fixed, the situation of the latter is but little altered;

it may be unaffected, or raised a little above the third rib. The body and apex being free, the increased space which the heart occupies, consists chiefly in an extension downwards and laterally; and the lateral extension is more marked on the left than on the right side of the sternum. The enlargement is evidenced in the first place, by the altered situation of the point where the apex-beat of the heart is seen or felt; and here we call into use the methods of exploration called inspection and palpation. We seek for the apex-beat by the eye and touch, and, if the enlargement be but moderate, we shall find it simply carried to the left of its normal situation. We have seen that in health it is situated in the fifth intercostal space, about an inch within the *linea mammalis*, or three inches to the left of the median line. This situation varies somewhat within the limits of health, and occasionally we find it in the fourth, instead of the fifth, intercostal space. It is not unfrequently found in the fourth if the person examined lie on the back. A moderate degree of enlargement of the heart removes the apex-beat to the linea mammalis or somewhat without this line. If the enlargement be considerable or great, the apex-beat is removed still further to the left, and also more or less below the fifth intercostal space. It may be seen or felt, one, two, three, or even four inches beyond the line of the nipple, and it may be lowered to the sixth, seventh, or eighth intercostal space, the extent of deviation from its normal situation in both directions being proportionate, other things being equal, to the amount of enlargement. Attention to the situation of the apex-beat is, thus, one of the means of determining the existence and the extent of enlargement of the heart.

Another effect of enlargement of the heart is an increase of that area in which the organ is uncovered by lung, called the *superficial cardiac space*. The heart, in proportion as its volume becomes augmented, pushes away the anterior border of the left lung, and a larger portion of the pericardial sac is in immediate contact with the walls of the chest. The extent to which the superficial cardiac space becomes enlarged, is proportionate to the amount of the enlargement of the heart, and the former becomes an index of the latter. We have seen that the superficial cardiac space is easily determined by percussion, in health, and it is still more easily determined when the heart is enlarged; for, in proportion as the organ is uncovered by lung, the degree of dulness, as well as the extent of area, becomes greater. Having then ascertained the situation of the apex-beat, we next determine the area of the superficial cardiac space; and, for this end, it suffices to fix the situation of the oblique line, or the hypothenuse of the right-angled triangle which represents this space. We fix this line in a few moments, by percussion, and then complete the triangle. If the enlargement of the heart be considerable or great, we shall find this space increased to two, three, four, or even five times the area of health.

Lastly, we may determine the lateral boundaries of the heart; in other words, the width of the deep cardiac space. We do this precisely in the same way as in the examination of the healthy chest. We shall find the alteration in the percussion sound, or the dulness, on the left side, situated beyond the nipple half an inch, an inch, two or more inches, in proportion to the amount of cardiac enlargement. We must bear in mind here, the range of healthy variations. Generally, in health, the left border of the heart falls a little within the nipple, but in some persons it extends to the nipple, and sometimes a little distance beyond the nipple. If the border of the heart be a half inch beyond the nipple, there exists enlargement, certainly in the great majority of cases; and if it be one, two, or more inches without the nipple, the enlargement is considerable or great. On the right side of the sternum, the right border of the heart may be found to be more or less carried outward; but in the majority of cases, whether the cardiac enlargement be seated chiefly in the right or left ventricle, the lateral extension of the space which the heart occupies is especially on the left side of the sternum, and it suffices for ordinary practical purposes to determine the situation of the left border of the organ.

Having prepared ourselves with a clear apprehension of the points pertaining to the topographical relations of the heart, to which your attention has been directed in the early part of this lecture; having practised the application of percussion to determine the boundaries of the superficial cardiac space and of the deep cardiac space in health; recollecting the relations of these boundaries to the ribs, the linea mammalis and the median line, and bearing in mind the normal situation of the apex-beat of the heart, nothing can be more simple and easy than to determine, by the means just stated, whether the heart be or be not enlarged, and also to determine with sufficient precision for all practical purposes, the amount of enlargement. In conclusion, gentlemen, I shall introduce two patients affected with enlargement of the heart, and illustrate the application of physical exploration so far as concerns the existence of this affection in these cases.

Divesting the chest of one of these patients of clothing, we direct our attention, first, to the situation of the apex-beat, and it is easily seen and felt, and is situated, as you see, in the sixth intercostal space, about two inches without the linea mammalis, or three inches to the left of its normal position. We have, then, this evidence of a considerable amount of enlargement. Next, I will ascertain by percussion the area of the superficial cardiac space. I percuss from the point of the apex-beat in the direction obliquely upwards and to the right, and, as you see, it is easy enough to appreciate the line representing the limit of dulness. I mark this line with ink. You observe that at the median line it ends at a point where the upper part of the superficial cardiac space in health extends quite to the base of the heart, showing that the organ is uncovered of lung quite to its base. I now complete the triangle. And now I place, side by side, this patient and the person on whose chest the superficial cardiac space as it exists in health was delineated. You perceive that in the patient affected with enlargement of the heart, this space is at least four times as large as in the person with a healthy heart. I employ percussion to fix the situation of the left border of the heart. The change in the percussion sound enables me to do this readily, and I indicate the situation by an ink line. You see it falls at least two inches without, or to the left of the nipple. On the right side I determine the right border of the heart, and you see it falls about an inch without the right margin of the sternum. We have thus obtained, in a few moments, the evidence afforded by percussion, of considerable enlargement in this case, corroborating the evidence relating to the apex-beat which we previously obtained by inspection and palpation.

With regard to determining the area of the superficial cardiac space, I will here remark, that auscultation, as well as percussion, is available for this purpose. You are aware that in listening to the chest when a person speaks, a reverberation of the voice is communicated to the ear, called the *normal vocal resonance*. I cannot stop to describe this healthy sign, I shall do so in connexion with the consideration of the pulmonary signs. In persons who have naturally a well marked vocal resonance in health on the left side of the chest, the abrupt cessation or noticeable diminution of this resonance serves to denote the boundaries of the superficial cardiac space, both in health and in cases of enlargement of the heart. We may, in this way, corroborate the evidence of an increase of this space, obtained by percussion; but percussion alone is sufficiently conclusive, so that the additional evidence afforded by auscultation is hardly required. Auscultation of the respiration does not afford the same information as the voice, for the respiratory murmur is transmitted to some extent beyond the margins of the lungs, while the vocal resonance either ceases or is naturally diminished at the line to which the lung extends.

I now present the second patient with the chest exposed. In this case, the apex-beat is not so plainly seen or felt as

in the other patient, but it is appreciable, and I indicate its situation by a cross in ink. You perceive it is situated nearly two inches without the left nipple, and in the sixth intercostal space. In the same manner I delineate the superficial cardiac space, and you see it is at least three times greater than in the person with the healthy chest. I fix the left border of the heart, and it falls nearly two inches to the left of the nipple. The right border of the heart falls a little further without the right margin of the sternum, than in health.

I must defer until my next lecture, the consideration of other points connected with the subject of enlargement of the heart.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* p. 143.)

I HAVE before me a tabular view of the condition of the urine of one hundred persons suffering from Bright's disease in its various forms seen in private practice. In looking over the list, I am able to testify to the habits of the patients from personal acquainfance in twenty-nine of the cases. Of these, twenty-six were strictly temperate in the use of alcoholic drinks, and many of them were absolutely abstinent. Only three were addicted to excess in the use of them. There is then a large number of cases in which Bright's disease is not secondary, nor can it be ascribed to use of alcoholic drinks, to recognisable errors of diet, or to any unusual exposure to cold. In other words, there are many cases, the cause or causes of which are unknown. Here, it seems to me, is for the present our field of study. As I have said, our knowledge of symptoms and of lesions far exceeds that of causes, and taught by the history of the kidney affection induced by scarlet fever and pregnancy, we are able to assert that the incurableness of the disease does not depend on disorganization of the kidneys even mainly, for this, within certain limits, we see recovered from, but upon our inability to appreciate and remove the cause, till the system is fatally poisoned.

I propose now to describe the pathological anatomy of Bright's disease a little more fully and connectedly than I have yet done. I have already said that, as I understand it, there are really but two leading distinctions—the large kidney, often white or whitish, and the contracted kidney, sometimes hobnail, and that even this distinction does not imply cardinal differences in the diseased action. This statement will, I think, be very apparent when we come to study the organs by the aid of the microscope. To get definitely before the mind the different appearances in the two principal forms, I call attention again to these colored drawings, which are portraits of the kidneys which are described in the manuscript so often referred to. In this large kidney which weighed twelve ounces, the surface is smooth and uniform. The color hardly differs at all from that of the bloodless skin of the cadaver, except where the vessels are unusually abundant. The vascularity is entirely unnatural. We no longer see that fine reticulation of the capillaries which maps out the little lobules no larger than a pin's head, on the surface of a healthy kidney when it is full of blood, or in one that has been successfully injected, but the vessels have arranged themselves in new forms. There are clusters of vessels assuming a stellate apparance, or they are arborescent. There are from thirty to fifty of these clusters in this specimen almost wholly stellate, on each half of the kidney, some well marked, others imperfectly formed. The capsule is represented as turned down towards the pelvis and held off by hooks, to show that it had not quite its natural transparency, and that it was sufficiently adherent to tear off with it some of the vessels of the surface. These the artist has painted as fragmentary and irregular.

This second figure on the same sheet, shows the appearance of the interior of the organ when bisected in the direction of its length. It is of a dull yellowish white color, not variegated or mottled, as diseased kidneys often are, but quite uniform, except in the parts occupied by the pyramids or tubular portions. These pyramids have undergone an important change. No one of them has the definite outline or boundary that belongs to them in health. They are partially obliterated, and the thinned relics straggle about variously in the cortical or secreting structure, terminating in rays which fade away in the surrounding tissues. The borders of the pyramids do not approach nearer to the surface of the organ than usual; on the contrary, the cortical portion seems to be rather thicker than usual, or, in other words, it seems to have partaken of the general hypertrophy. The vascularity of this section is hardly to be seen. With the exception of a few red lines in the remains of the tubular portion, and some short thick ones which penetrate from the surface a small fraction of an inch towards the pelvis, scarcely a vessel is visible.

Here is another sheet on which are painted two views, the exterior and interior of another large white kidney. This resembles the one first described in its main features. The color is not so dull. The yellow tint is a little more marked and a little brighter; still, where the vascularity is not considerable, it has the same cadaveric color. The vessels are much more abundant on the external surface and on the external border of the section. But there is a marked difference in the arrangement of the vessels on the surface. There are half a dozen spots where there is a little clustering, but there is nothing of the stellate or of the arborescent appearance. The surface is covered with red dots, and little veins a line or two in length, having mostly a zigzag course, their ends so buried in the tissue that they appear to begin in nothing and to end in nothing. Here and there some incomplete remains of the natural network can be traced. The tubular portions are of a brighter color than in the other specimen, because they contain, as the whole organ does, more blood; still their proportions seem to be dwarfed, probably on account of the hypertrophy of the other parts, and their outer borders are diffused and fade away in the cortical portion just as they are seen to do in the other figures.

Here again, a third sheet gives us the exterior and interior of another kidney that is enlarged, though only moderately. Its weight was about seven and a half ounces. It is evidently the seat of the same variety of disease that we have seen in the other figures, but the appearances are in some respects quite different. The vascularity, like that of the last, is only beginning to undergo the change which was so marked in the drawing first shown. The vessels show themselves on the surface in short irregular lines, and even where most congested (for in two or three spots it is even ecchymotic) there are no traceable remains of the normal network. At several different points three to five little vessels radiate a line or so from a common centre, indicating the tendency to the stellate arrangement. The vessels of the section are only indistinctly visible, and do not seem to have undergone any characteristic change. But the appearance which distinguishes this kidney from the others is a mottled condition, produced by an infinite number of distinct grey or yellowish grey miliary grains, not unlike small tubercles, visible upon the surface, but more conspicuous on the section. These opaque grains appear to be set in a bluish or olive grey, half translucent, watery tissue, which constitutes the substance of the kidney, and are of irregular shape, though most of them are more or less rounded. The nature of these grains will be referred to hereafter. For the present, it is sufficient

to say, that each of them represents a condition, which, when it becomes general, constitutes the uniform dull opaque grey or yellowish white, which is so marked in the two very large kidneys already described. Three other things are noticeable in this kidney. The pyramids are not spread out and diffused at their borders by the infiltration of adventitious matter as in other specimens, but have their usual compact appearance, and their definite outline. They preserve their dark red color, and contrast very strikingly with the mottled yellowish grey of the secreting portion, everywhere. Second: Though the whole kidney is larger than natural, there is a marked reduction in the thickness of its cortical layer, so that the borders of some of the pyramids almost touch the external surface of the organ. The thickness of the layer outside the pyramids is at one spot less than a line, and its greatest depth is no more than two and a half lines, while in health it should be from three to five lines. This appearance, a very common one in the small and medium sized kidneys, is not very uncommon in those moderately enlarged, and is one of the accidents of the fibrous degeneration. When I come to sum up the evidence in support of the proposition that "the different states of the organ represent modifications in the diseased action," and not different diseases, I shall desire that this drawing be well remembered, showing as it does that the large white kidney (for this is demonstrably of that class, though the changes are not yet complete), has also the distinctive mark of the fibrous disease. Third: It should be noticed that the lining membrane of the pelvis of the kidney is nearly opaque, instead of being semi-transparent, as it is in the healthy organ. This condition belongs to the pelvic membrane of the specimen last described, and the vessels are unusually distinct upon it, but nothing of the kind can be seen in the first. This fact will also be called up again hereafter.

Here is a fourth sheet, showing also the external and internal appearance of a kidney gravely diseased. It will be seen that in its leading characteristics it is almost a copy of the last. It contains more blood, but its vessels have the same distribution, appearing as points, or short irregular lines, or sometimes here and there forming little v's or n's, and, in a very few instances, still showing a single mesh of the natural network. It is dotted or mottled all over on the external surface with the same light grey or whitish spots, so conspicuous in the last specimen; but its section is almost as white as the paper on which it is painted, except the red spots left by the injected vessels, the whitish spots being no longer visible. The pyramids are compact and definite in their form, and nowhere leave more than a line of space between their borders and the external surface for the cortical layer, while one of them actually leaves no appreciable space, but seems to touch the surface. The pelvic membrane is white and opaque on its inner aspect, and quite vascular in its outer. But *this kidney is diminished in size, weighing less than four ounces, the contraction being chiefly in the inferior half*, so that the organ has something of a pear shape. The portion above the centre of the pelvis is at least twice as large as the portion below that line. Here then is a kidney in which the white degeneration and the fibrous contraction are both most singularly manifest. It is a rare specimen, but none the less instructive on that account.

On this fifth sheet is a similar figure, that exhibits an additional point of interest. The kidney, as will be seen, is not much above the natural size. It is a white kidney. The vessels have the same appearance as in that last described, except that one stellated group has been formed, and the beginnings of several more can be seen. The exterior is well dotted over with the opaque greyish-white grains, while the body of the organ is white. But the striking feature is the occurrence in this white kidney of serous cysts, varying in dimensions from the size of a very small shot to that of a large pea. These cysts belong not to the large white, but to the contracted or fibrous kidney. Here then again the lesions of the two forms are instructively blended.

On this sixth sheet are the views of a kidney not far from the natural size, perhaps a little larger, which has become pretty uniformly of a yellowish white in the interior, except as the color is changed by a considerable degree of congestion. The pyramids, by their expanded borders, extend almost to the external surface, and towards their apices they are pale. The organ, like that on sheet No. 4, is markedly contracted at one of its extremities. Scattered over the section can be seen a few small serous cysts, and on the external surface a few white or greyish white grains which have not yet blended. In these respects it resembles specimens already shown. Its striking feature is its vascularity. It is sufficiently injected with blood to leave every vessel visible that is large enough to be seen by the naked eye. The capillaries form thousands of minute meshes over the whole surface, each embracing a minute portion of the structure called a lobule. I engaged the artist to lay in every visible vessel, and he has done it with great labor and extraordinary faithfulness. Here then we have again the mixed lesions, some of them considerably advanced, while the vascular system of the organ has undergone no change, but the accidental one of congestion, which renders every vessel distinct to the eye in its proper place.

This seventh figure represents the kidney of a person who died six weeks after showing the first signs of illness. He had œdema, smoky and albuminous urine, and casts. The kidney is of normal size. The section is of a yellowish red color. But an inspection of the exterior, or of the cut surface, can hardly discover anything unnatural. The interior halves of the pyramids, however, are pale, and approaching the apices they are almost white. The cortical portion is of natural thickness, and altogether it would pass for a healthy kidney. But both the fibrous and the granular degenerations have begun in it as the microscopical examination fully shows. I call attention to this specimen for the sake of saying that in a large number of cases in which the kidneys are so diseased as to leave the blood loaded with urea, charge the urine with albumen, and produce most manifest symptoms of Bright's disease, a post-mortem examination discloses nothing to the unassisted eye which can with any confidence be called disease.

In this series of views we are able to study the extreme changes of the large white kidney; to mark the several steps by which that extreme lesion is reached; and, at the same time, to assure ourselves that the conditions necessary to produce this kind of disease do not exclude the conditions, which, acting alone, would produce the contracted kidney. The concurrence of these conditions is frequently met with.

(To be Continued.)

NEGLECTED CASES.

By CHARLES F. TAYLOR, M.D.
OF NEW YORK.

INFANTILE PARALYSIS.

I HAVE chosen the term, "neglected cases," in order to express, and if possible to impress a fact. No one, I think, is ready to admit that the term is too strong a one who takes the trouble to count the number of persons he will meet with an arm "withered" and useless, or a feeble shortened leg, which is lengthened out by a cork-sole or iron elongation. These embrace *only one* class of neglected cases, that of *infantile paralysis*. The sum of the information obtained from the books with regard to the *treatment* of these cases is very meagre; and the consequence is, that these individuals during perhaps ten or twenty years, have received very little, if any treatment. Who will undertake to treat a patient with a limb paralysed in childhood, and twenty years after "withered" and nearly useless? And yet, it can be shown that nine-tenths of these cases are capable of great amelioration at almost any stage of the disease; and if taken within the first half dozen years a large proportion may be absolutely cured! Infan-

tile paralysis should be regarded as a distinct disease, requiring an independent classification. It is as distinct from all other forms of paralysis, as the paralysis caused by an apoplectic class is from that caused by syphilitic meningitis. That this distinction may appear in a clearer light, it may be well to look at some of the phenomena attending other forms of paralysis.

It is an interesting and important fact, that the kind or quality of muscular contraction always corresponds with the peculiar state of the nervous centres from which the innervation emanates; one form of diseased condition causing one peculiarity in the action of the muscles, and another form of disease producing another kind of muscular action. That is, the *product* of the functional manifestation of any organ is as the organ itself; and hence reveals more or less distinctly the condition of that organ. This physiological law is perhaps more emphatically true of the brain or spinal cord than of a gland or muscle. And, as we analyse the urine, the *product* of the function of the kidneys, in order to ascertain the nature and extent of the disease affecting these organs; so we may with equal propriety and greater facility analyse the product of innervation, muscular contraction, in order to find out the nature and extent of the disease of the brain or spinal cord. And as we find that the various abnormal products found in the urine bear a close correspondence to certain diseases of the kidneys; so do the various abnormal actions of the muscles as closely relate to the peculiar diseases capable of producing the paralysis with which they are affected.

An individual in the daily habit of *handling* paralysed limbs, soon acquires a delicacy of appreciating kinds and qualities of muscular action and conditions, which alone is almost sufficient for diagnostic purposes. The actual *force* of a muscle, as a means of diagnosis, is of no value whatever; but it is the *kind* of force—the impression left on the resisting hand, which it is important to appreciate.

To illustrate: If there be several springs made of steel, board, rubber, brass, etc., and in form, elliptic, spiral, long, short, etc., but each capable of resisting exactly ten pounds, it is not difficult to see, that while the actual resistance of all these would be the same, viz. ten pounds, each, when bent, would yield to the bevel an impression peculiar to itself, characteristic of its material form. And so does a muscle reveal the quality of the force which causes its action. Of course, we see the same exhibition on a larger scale but in a cruder manner, in the natural movements of the individual. Thus every one is familiar with the peculiar half-swinging, half-jerking walk of an individual, hemiplegic from an apoplectic clot in the brain. After the attack, before repairs of the injured brain substance have progressed to any considerable extent—that is, during a space of time often extending over several months, there seems to be a partial or complete annihilation of nervous, and consequently of muscular force. But after repair has well begun, and the cicatrix begins to contract, we have also contraction of the muscles from irritation; the flexors towards the extremities, generally, overcoming the extensors; causing the ankle to turn outward, the fingers to contract with the hands, the forearm to bend across the stomach, etc. A characteristic of this paralysis is, that each movement takes place after a perceptible interval of effort; and also the muscles relieve the effects of the stimulus thus imparted to them for a considerable time after the effort has ceased; but the muscular contraction itself may be, and generally is, quite strong. Only it does not commence and leave off at the proper moment. After a little trial, the muscles come more and more under the control of the will, and exercise always helps such a patient.

We see another paralytic with an entirely different gait, but equally characteristic. As he walks, the toes drop and "scuff" along the floor: it is a peculiar tread; the knees, instead of being forced far back, so that the posterior ligaments hold them like a hinge, the weight being supported on the ends of the thigh and leg bones with little or no aid from the muscles, as is the case in apoplectic paralysis, are unusually flexed, the weight being supported by the muscles, which, yielding a little as the weight of the body comes on them, give a peculiar motion at each step. An effort of the patient corrects all these symptoms; but it lasts for a moment only, he must wait awhile before the effort can be repeated with equal success. Bend a knee or an elbow and the resistance will be strong to begin with, but the force seems to pass out like water from a bladder pressed in the hands, leaving nothing behind. These are some of the muscular symptoms of softening of the brain, and be they ever so slight I have found them incurable.

Another patient passes along, who walks as though his legs were springs of steel and moved by pulleys. Up and down they go with a sudden jerk, after each strong pull of their owner. The knees incline to knock together; the legs are drawn violently inwards, instead of swinging outwards as in apoplectic paralysis. Indeed, he walks as though he were constantly trying to "walk a crack." The muscles are in an unceasing state of irritation. Contraction is so incessant as to be actually painful. That man has lived too fast. Wine and women have been his ruin. He has had syphilis—perhaps many years ago; but the virus has seized on the spinal cord and produced inflammation of its membranes. Exercise rather increases than diminishes the irritation.

Another form of paralysis has these symptoms: The patient—always a gentleman—in the first stages walks with nothing striking in his gait except a trifling tremulousness, and he looks before he steps; his muscles act well and strongly, obeying the will not tardily but a little too quickly, and he cannot tell where his legs are when a movement is made with his eyes closed; he complains of a singular sensation, or rather *want* of natural sensation in his legs. And it is curious that in these cases the loss of sensation precedes the loss of motion—an exception to the ordinary course in paralysis. It sometimes happens that these cases are annoyed by fugitive, transient, and stinging pains in the affected parts, like electric shocks. This is a paralysis peculiar to business men—I never met it anywhere else—men who for years have had large pecuniary responsibilities on them, ships at sea on long voyages, or business requiring great pecuniary foresightedness. The organs of the nervous system are actually worn out by the constant drain and unending strain to which they have been subjected.

These cases are adduced for illustration, and it is not my purpose to speak of their treatment; but I wish to add a caution the non-observance of which I have seen cause great alarm. Do not advise a man, with the symptoms last enumerated, to "take exercise." He is exhausted already; and *any* exercise, mental or physical, will only add an extra strain to his already overtaxed nervous system. Let him keep very quiet and live well, but, above all, stop business immediately. And let me say further, in passing, that the three last forms of paralysis are never benefited by any kind of exercise. It is cases of the *interruption* of nervous supply, not the *destruction* of it, which show such remarkable improvement from a treatment by exercise. And thus we might keep on through every form of cerebral or spinal affection capable of producing paralysis, and we should find that the manifestation of muscular force must depend entirely on the existence of nervous force, and that the latter is affected by the disease affecting the organ generating it. Why should infantile paralysis—so called—be an exception to this physiological rule? We have infantile apoplexy producing symptoms identical with adult apoplexy. Indeed I have seen several cases of intra-uterine apoplexy, where children were born with hemiplegia. And paralysis arising from inflammation of the brain or spinal cord is frequent in children. In such cases the phenomena are in no wise different from that produced in adults, except, of course, the better chance they have for recovery. It is perhaps unnecessary to state that infancy and youth always favor speedy repair; that all effusions, be they of blood, serum, or fibrine, are readily and rapidly absorbed.

In that form of paralysis now under consideration which occurs most frequently in children of a tender age—there is no evidence whatever, so far as the action of the muscles is concerned, of any organic lesion in the brain or spinal cord. In these cases, if we analyse the product of innervation—muscular action—we find it normal in all things except quantity; the abnormal qualities, so prominent in all other forms of paralysis, being entirely wanting. The innervation is absent or feeble, but not diseased. Must we infer, then, that infantile paralysis exists without a lesion? There seems no escape from this conclusion. Such cases seldom die, and the opportunities for post-mortem examinations are very few indeed. But this very fact—the non-fatal character of the disease—would seem to exclude the fountains of nervous force from probable participation in the disease. But what has caused this great loss of nervous power? This is an interesting physiological question, but one not incapable of satisfactory solution. The history of these cases is nearly identical one with another. The attacks generally occur during the first dentition, or between six months and two years old—but a larger proportion between the ages of eight and fourteen months—and almost invariably in delicate children; not necessarily sickly children, but children of feeble powers of endurance. In the large majority of cases the child has some alimentary disturbance, prolonged till the system has become exhausted. During this period it is discovered that a side or an extremity is paralysed. Most frequently there are few or no unusual symptoms ushering in the attack, and there is nothing to mark the precise period of time when the paralysis took place. Not uncommonly there are convulsions or febrile symptoms, but not sufficiently often or with sufficiently marked connexion with the paralysis to suppose them a part of it. Besides, it as often happens that it is an arm alone, without any affection of the leg, or the leg alone, without affection of the arm; conditions which could not happen if the paralysis had a cerebral or spinal origin, except we suppose only the roots, the nerves beyond the cord, to be affected—a very uncommon occurrence. Again, we have different parts of the same member affected by different degrees of paralysis. As, for instance, the upper portion of the arm, especially the deltoid, while the hand and fingers remain comparatively sound; or it often happens that the arm and shoulder, including the deltoid, may be unaffected, and the hand utterly useless. In some cases it is the flexors of the arm which are mostly paralysed, but in others it is the extensors. The same is true of the wrist and hand. If one set of muscles more generally retain and other sets more generally lose a greater amount of force, it seems to depend on other conditions than the paralysing cause; which, if it resided in the brain or spinal cord, ought to and does affect all portions in a given radius alike. With regard to the unequal distribution of the paralysis, we find a curious illustration in paraplegia. In all cases of paraplegia which have come under my observation, the relatively weak and strong muscles alternate, on the same leg and on each leg. That is, if the extensors are weak on one leg, they will be relatively strong on the other; while the flexors will be strong on the first and weak on the other; and so on, alternating to the very toes.

But what is the pathology of this affection? Infantile paralysis is wholly peripheric, and seems to be caused by *a conservative effort of nature*, while under great nervous depression, *to save the whole by abandoning a part.* Under certain circumstances, it seems to be necessary temporarily to withdraw the stimulus of the nervous system from an extremity, that more central and vital organs may not fail. So that the child, instead of dying from exhaustion, recovers with a paralysed limb; or, more properly, recovers except the paralysed limb. But when the nervous stimulus is even temporarily withdrawn from a part, there immediately takes place a deterioration in the conducting power of the nervous tracts and of the irritability of the muscles—for every function is kept up by its exercise;—and this condition of things is relatively increased by a corresponding exaltation of nervous and muscular power in all other portions of the system. For it almost invariably happens that *the general health is improved* after the paralysis, instead of being enfeebled, as is the case in other forms of paralysis, and as should be the case if there were disease of the brain or spinal cord. Certainly, in no instance have I found that the paralysis had produced any permanent disturbance of the general functions. This relative disproportion of innervation and muscular action once set up between different parts of the body, is kept up and propagated continually as the *habit* of the system. Thus we have very little improvement after the first few weeks of reaction. The instinct of the individual to do whatever is to be done in the easiest manner, makes him use the better parts and members with the same readiness with which he avoids the affected ones. And so there is no point where this state of things can be easily interrupted. Thus the atrophy of the paralysed member and the development of the rest of the body continue indefinitely.

(*To be Continued.*)

SOME OF THE EFFECTS OF TOBACCO.

By P. J. FARNSWORTH, M.D.,

OF LYONS, IOWA.

Mr. L——, aged 35, a plasterer by trade, called at my office Dec. 12, 1861, complaining of sore throat, together with partial anæsthesia of his fingers, toes, and end of his tongue. According to the statement he made to me, he had always been regular and temperate in his habits. He had a wife and four children. He was rather thin, and the noticeable feature about him was a partial anæmic or cachectic look. His appetite was good. As the numbness was not troublesome I thought it might be temporary, and did not at that time attempt any treatment. There was redness of the fauces, and a slight enlargement of the tonsils, for which I used a topical application of a weak solution of nitrate of silver. Dec. 20th he came again to the office for another application to the throat, complaining still more of the numbness. I was then led to make a more careful examination of his case, with a view to find some definite cause for these nervous phenomena. I could find no tenderness, either superficial or deep-seated. He had never been troubled with headache, had had no pain in the lumbar region. There was something in his look that suggested Bright's disease, and I accordingly examined the urine rigidly, but found nothing abnormal. I gave him some simple bitters, with a preparation of iron, and a blister to apply to the spine, between the shoulders, commencing the treatment with a dose of compound cathartic pills.

Jan. 1st, 1862, L—— was brought to the office, having previously been able to walk (the distance of five miles). Now the ride was too much for his strength. The numbness was increasing, his appetite was also somewhat inordinate, and the tendency to constipation, which previously existed, had increased; he had also lost flesh. I again examined the urine without detecting anything. Thinking it might be a miasmatic poisoning, ordered three grains of quinine three times a day, together with a laxative pill to be taken every night. On the 12th of January I was sent for, as his strength had failed, and he was confined to the house. At this time I asked a neighboring practitioner to visit him in consultation. The numbness now seemed pretty general; his eyesight was somewhat affected. The heart beat somewhat irregularly, with a slight anæmic murmur. The tongue was slightly coated. The generative organs were participating in the general weakness; had no erections or sexual desires. Gave him tinct. fer. mur. gutt. x. three times a day, and agreed to the reapplication of the blister to the spine.

I called Jan. 15th, and found the patient in bed, very much dejected, and *smoking*. Having heard us discuss the

propriety of blistering, he had applied the blisters to the whole spine, and to the hips. He felt them but little, and was scarcely conscious of their presence, but they had produced an immense drain on the system, and he had failed very fast. I questioned him now about his smoking, and found that he had considered it so small a matter as not to mention it, but that for several years he had smoked the coarsest kind of tobacco in the foulest kind of a pipe, during all his waking hours. On further examination into his case, I was convinced that it was one of poisoning by nicotine. The want of feeling was now general; the motor powers were active enough; he could hold his knife in his hand firmly when his eyes were directly on it, but if he looked away the knife dropped. He walked with difficulty, because he must needs look where his feet fell, as he could not feel them touch the ground. I advised him to stop his smoking at once, and ordered an ounce of brandy and potass. iod. gr. v. three times a day, friction to the surface, and a Dover's powder at night, as he had become very wakeful.

On the third day after I found the patient somewhat improved, but now alarmed at the quantity and quality of his urine; it was very highly charged with a red sediment, which proved to be urea, urate of ammonia, and triple phosphates; with a distinct odor of nicotine. The Dover's powder acted as a diaphoretic, conjoined with the friction; and he complained of a fetid sweat. His wife said that now he had discarded the pipe, the fumes of it were exuding through his skin. Continued the brandy and the potass iod. and gave him tinct. fer. mur. gutt. xx. three times a day. On the 22d inst. I found the patient improving, the urine becoming more natural, but the perspiration was profuse at night, having the same nicotine odor. Sensibility did not return as fast as the strength; he was obliged to use his reason about cold and heat, and in regard to taking food. Cold was scarcely felt, and but little taste was left. Even his exercise had to be regulated by his judgment, and not by his feelings. I continued the tinct. fer. mur. and the potass iod., giving an occasional dose of sulph. magnesia, to move the bowels.

Jan. 29.—The patient still improving, the numbness going off in the same manner that it had come on—passing downwards towards the extremities. I continued the iron, ordered a nourishing diet, the bathing every evening with friction, and an occasional Dover powder.

From that time until March he continued to improve, the numbness having passed to the ends of the fingers and toes, and the end of the tongue. He was then able to walk the five miles to see me; the waxy look had passed off; and the look of health returned. At this time, for experiment sake, he tried to smoke a cigar. It produced nausea and all the feelings that tobacco does to a novice; together with a return of the numbness of the fingers, and a smarting of the fauces.

I consider this as an illustration of the effects of the slow introduction of tobacco poison into the system. I have been unable to find any such effect ascribed to it in any work I have at hand. Dr. Prout, quoted by Pereira, says, "It disorders the assimilating functions in general; but particularly, as I believe, the assimilation, of the saccharine principle. I have never indeed been able to trace the development of oxalic acid to the use of tobacco; but that some analogous and equally poisonous principle (probably of an acid nature) is generated in certain individuals by its abuse, is evident from the cachectic looks, and from the darkened, often greenish-yellow tint of their blood."

Pereira says, "I am not acquainted with any well ascertained ill effects resulting from the habitual use of smoking."

He is probably a lover of the "weed" himself, or had not made close observation of the smokers around him, for it is my opinion that scarcely one in five but that is injured by tobacco. It acts as a nervous sedative or depressant, causing an exhausted feeling at the stomach, and I have good reason to suppose that smoking is the great cause of the universal dyspepsia with which we are troubled.

It sometimes produces tremor of the nerves, and in many cases, instead of being a temporary sedative, destroys the tone of the nerves and produces languor and fretfulness, and often effects like those above described, though not in every case in so marked a degree. In a majority of smokers and chewers of tobacco, it acts like a violent poison, which it is, introduced slowly.

Progress of Medical Science.

NEW SYMPTOM OF SCARLATINA.

M. Bouchut (*Gaz. des Hôp.*) mentioned to his class a diagnostic symptom which he had never found fail to enable him to distinguish scarlatina from any other exanthem, and the knowledge of which may prove of utility in doubtful cases. "It is the disappearance of the eruption for a minute or two under the influence of slight friction. If with the point of the finger or the nail we trace a line, this becomes and remains for a minute or two white amidst the surrounding redness of the skin. We can, so to say, write the diagnosis of the affection on the skin, as in the present case, in which the word 'scarlatina,' traced by a bit of wood, became in a few seconds designed in white letters, which remained quite distinctly visible for about two minutes. This is due to the exaggeration of the contractility of the capillaries induced by the friction temporarily expelling the blood from their interior. Nothing of the sort is observed in measles, erysipelas, or other cutaneous eruptions, in which the half-paralysed capillaries possess but little contractility. We can in these by pressure drive out the blood from the capillaries, and produce a white spot, but this is a purely mechanical action, and as soon as the pressure is removed the redness reappears."—*Med. Times and Gaz.*

THE TREATMENT OF PNEUMONIA BY THE SUPPORTING PLAN.

Dr. J. Hughes Bennett of Edinburgh gives in the *British American Journal* the results of one hundred and fifty carefully recorded cases of pneumonia, treated by him during the last fourteen years. About eighteen years ago Dr. Bennett first began to doubt the propriety of the antiphlogistic treatment, for the following reasons: "In the first place, the cause of the inflammation is an irritation of the textures—of the ultimate molecules of the part—in consequence of which their vital power of selection is destroyed, and that of their attraction is increased. The removal of blood by venesection cannot alter this state of matters, neither can other lowering remedies. If the inflammation be superficial and limited, local bleeding may relieve the congestion, as in conjunctivitis; but, if exudation have occurred, it cannot remove that. In the second place, an exudation or true inflammation having occurred, it can only be absorbed by undergoing cell-transformation. Now this demands vital force or strength, and is arrested by weakness. Inflammations in healthy men rapidly go through their natural course; in weak persons, they are delayed or arrested; hence their fatality. In the third place, the strong pulse, fever, and increased flow of blood in the neighborhood of inflamed parts, have been wrongly interpreted by practitioners. They are the results, and not the causes, of inflammation, and show that the economy is actively at work repairing the injury. So far, therefore, from being interfered with and interrupted, they should be supported by nutrients. It follows, fourthly, that if these views be correct, the true treatment of inflammation should be directed towards bringing the disease to a favorable conclusion by supporting rather than diminishing the vital strength of the economy; and this not by over-stimulating, as was done by Dr. Todd, but simply by attending to all those circumstances which restore the nutritive processes to a healthy condition." By a reference to statistics he shows that the rate of mortality of this disease is propor-

tionate to the amount of antiphlogistic treatment which it has been subject to, ranging from 1 in 3 to 1 in 13. In his one hundred and five cases, however, only three deaths occurred, making a ratio of 1 in 35. Of the three deaths, all were complicated cases, one of intestinal ulceration, one of Bright's disease, and one a drunkard with delirium tremens and cerebral meningitis. The difference in the result of treatment he cannot ascribe to any alteration in the type of the disease from what it formerly was, but to the advances which have been made in physiology and pathology, and he desires no better proof of the truth of that fact than in the diminished mortality that everywhere now accompanies attacks of acute inflammations. His practice is directed "to support the strength of the economy, never to weaken it in any stage by antiphlogistics; although, if dyspnœa be urgent, cupping, or a small bleeding, may be practised as a palliative, more especially in bronchial or cardiac complications. During the febrile excitement, mild salines are administered. On the fourth or fifth day, when the pain has abated, good beef-tea and nutrients are administered; and, on the pulse becoming soft or weak, from four to eight ounces of wine daily. As the period of crisis approaches, slight diuretics are given, to favor the excretory process." In conclusion he states the following facts.

"1. That simple pneumonia, if treated so as to support instead of lower the nutritive processes, so far from being a fatal disease, invariably recovers.

"2. That the cause of mortality in these cases is exhaustion, either before they come under medical supervision, or, as formerly practised, from an antiphlogistic or lowering treatment. All bleedings that do not exhaust must be regarded as palliative, rather than as curative; and their influence has yet to be determined with exactitude.

"3. That the same rule applies to all inflammations; the amount of danger being in direct ratio to the weakness of the system and the existence of complications in other viscera, or from blood-poisoning."

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, June 11, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(*Continued from page* 177.)

DISTENDED CYST ABOVE THE BLADDER, AND CONNECTED WITH IT.

DR. SAYRE exhibited a bladder distended in its upper portion, into a cyst measuring longitudinally twenty-six inches, transversely twenty-five inches in circumference, taken from a man 63 years old, who had suffered many months past with disease of his kidneys; his urine containing albumen and pus with the usual casts. He had œdema of the lower extremities to such extent as to require the recumbent posture for the last two months; the œdema gradually subsided subsequently—there was gradual distension of the abdomen. His attending physician presuming it was ascites, his respiration becoming seriously interfered with, I was called some two weeks ago to perform paracentesis. I found him lying upon his side, turned over almost on his face, with very short and hurried respiration. Pulse 140, intermittent and very feeble. Very anxious countenance, speaking with great difficulty. I made my arrangements for the operation. On raising his shirt for puncturing the abdomen, my attention was immediately arrested by the peculiar form of the abdominal tumor which was projecting from above the umbilicus, very prominently forward and downward, very like a woman in the last month of pregnancy. But the lateral regions of the abdomen were very much drawn in and flattened, more narrow than what was normal, made so by this anterior distension, which I took to be a tumor in connexion with the bladder. Fluctuation was very distinctly felt as in ascites. But from the peculiar shape of the abdomen, I was satisfied that the fluid was in the bladder, and not within the peritoneal cavity. Therefore, I refused to operate. Upon questioning him, I found he could pass his water at will with some force in a stream; but for some time when asleep, it came from him guttatim without his knowledge. Upon introducing a catheter, a little more than two quarts of a milky, turbid fluid was drawn off, producing a proportionate diminution of the tumor. A large tumor still remained fluctuating as before, and upon moderate pressure a few ounces of fluid of the same character were passed off. Suddenly the fluid ceased to run. Thinking the eye of the catheter was obstructed, it was withdrawn to be cleaned. It was found pervious, and was again introduced, when on gentle pressure on the abdomen, several ounces more of the fluid were passed off, when it suddenly stopped, and no effort I could make could remove any more of the fluid.

The patient died that night. The post-mortem was made twenty-four hours after by Dr. Prince. The bladder was injected to its utmost capacity, and a string tied around the penis to retain it. The abdomen then presented the same size and shape as when I first saw it, which being so peculiar, I had a plaster cast taken of it. On a section of the body, the lungs were found perfectly healthy. The peritoneal cavity contained an unusually small quantity of serum. The principal contents of the abdominal cavity was the tumor now presented.

Dr. Sayre then opened the cyst before the society, found it unilocular; there were five and a half pints of fluid in it. On introducing a sound into the bladder, he could not pass it through to the cyst; the connexion was supposed to be valvular. Dr. Prince, in his examination, passed a probe through the valvular connexion. Dr. Sayre considered that the cyst was produced by ulceration of the inner coats of the bladder, the external resisting, therefore, this cyst was thus formed. There was no muscular fibre about the cyst?

DR. PRINCE, in connexion with the case, stated that the patient was very much emaciated, with a protuberant abdomen, similar to that of a woman in the seventh month of pregnancy. Upon opening the abdominal cavity, the omentum first appeared to be absent, but on careful examination was found to be adherent to the superior and posterior portions of the tumor. In fact, the whole contents of the abdominal cavity were strongly adherent to each other, so that it was impossible to separate the tumor from the intestines without the use of the scalpel; and wherever the contents came into contact with the peritoneal surface, it was adherent. The remarkable feature of the contents of the abdominal cavity was the total absence of all adipose tissue. The kidneys were in their usual position, rather larger than usual, the cortical portion soft, granular, friable. The pelves were very much enlarged, obliterating the medullary portion to a great extent, and filled with the same peculiar fluid as that of the tumor presented. In connexion with the right kidney was an abscess which was connected with the pelvis, containing about ℥ iv. of fluid, similar to that in the pelvis. The tubuli uriniferi were very much enlarged. The ureters were about the size of the little finger. Upon turning out the contents of the abdomen, we found the tumor in connexion with the bladder as presented. The liver was soft and easily broken up; in other respects natural.

The history of the case is as follows:—Twenty years ago he was kicked in the abdomen by a horse, and thrown some ten or twelve feet, remaining insensible for some half hour or more. He dates the difficulty of the kidneys from this accident. He was not particularly inconvenienced by the disease of the kidneys until about two years since, when œdema of the lower extremities made its appearance. The urine at times was thick, and copious white sediment was found in the bottom of the vessels, which continued until his death. About ten years since a fistula in ano made its appearance, which continued till within six months of his decease, when the track closed. Whereupon his

symptoms were very much aggravated, the œdema of the lower extremities increased very rapidly, the discharge of sediment in the urine increased to an alarming extent, with addition of blood, at the same time several small abscesses made their appearance about the nates and lower extremities, which I opened. At the same time I passed a narrow-bladed instrument along the track of the fistula to open it, but with very imperfect success. The appetite was very variable, debility increased, he being at the time mostly confined to the house. As the œdema of the lower extremities decreased, the protuberance of the abdomen increased, and it was consequently considered a transfer of serous exudation from the lower extremities to the abdominal cavity. As the fluid increased in the abdominal cavity, his symptoms were greatly aggravated, dyspnœa was a prominent symptom, nausea and occasional vomiting interfered materially with his comfort and prolongation of life. He was regular and abstemious in his life.

Dr. Krackowizer suggested that the cyst might be a hydatid of the bladder.

STRANGULATED HERNIA (SCROTAL).

Dr. Finnell presented a specimen of strangulated hernia taken from a man aged 50 years, who died recently in St. Vincent's Hospital. The patient had been afflicted with congenital hernia from infancy, but by means of a truss he was able to retain his rupture without much inconvenience. Slight strangulation took place on several occasions, but on resuming the recumbent posture and making moderate pressure, the tumor soon disappeared. The day before his admission to the hospital, the hernia again became strangulated, and all attempts on the part of the patient to relieve himself entirely failed. When I first saw him, the evidences of severe strangulation were very apparent, and the necessity of an operation was very decided. Chloroform was at once administered, and an incision made in the length of the tumor. After the division of several layers of old fibrous tissue, a transparent sac was at length brought into view; it was opened and found to contain about two ounces of clear serum without any intestine.

A dissection being made in another part of the tumor a second sac was found, which contained omentum. A third sac was at length found, which contained the strangulated intestine, and a quantity of bloody fluid. The stricture was next divided, the parts returned, and the patient placed in bed. No reaction took place; he gradually sank, and died twenty-four hours after the operation.

Dr. Sayre asked the experience of the Society, in regard to the frequency of femoral hernia in the male. Dr. Buck answered, that he occasionally met with it.

Dr. Buck related a case of strangulated femoral hernia of a female, occurring lately in St. Luke's Hospital, whom Dr. Peters operated upon, which was somewhat similar to the one Dr. Finnell had; the tissues were adherent, and injected; a cyst was encountered containing bloody serum, the true sac contained only omentum, which had been so injured that, anticipating sloughing and its deleterious effects, it was removed.

Dr. Sayre stated, that he had three cases of strangulated hernia that he had operated upon within the past eleven days. 1st. A man, aged 60 years, who had had scrotal hernia for forty years. When first called to him, found he had a large scrotal hernia that he was unable to reduce. The patient had no vomiting. Diagnosed it omental. He told the patient of his danger, and the necessity of an immediate operation, to which he would not consent. In a few days, the patient having changed his mind, Dr. S. was again sent for. He operated in his usual manner, viz. by pinching up the integument, with all the layers down to the sac, and then making an incision from the sac outwards. He found the omentum so injured by strangulation, that he advised its removal. He was overruled, on consulting with the surgeons present, and then returned it into the abdomen. In a few days he died from prostration. Autopsy revealed a sphacelous state of the omentum. 2d. A female, with strangulated femoral hernia, whom he operated upon. Was doing well to the fifth day, when an erysipelatous state about the wound was noticed. On making an opening, there was a discharge of pus. By placing her in an invalid's chair in a semi-recumbent position, and by proper treatment, she recovered in six weeks satisfactorily without peritonitis. 3d. A young man, a Spaniard, with strangulated femoral hernia, about the size of a black walnut. His first case in the male. By his mode of operation, he opened down to the sac at once, and by snipping the edges of the ring, was enabled to reduce it readily. The patient recovered rapidly. He called at the office of Dr. S. one week after the operation.

The Society then adjourned.

American Medical Times.

SATURDAY, OCTOBER 4, 1862.

MEDICAL EXAMINATION OF CONSCRIPTS.

The medical examination of conscripts is about to present a novel duty to the profession. The examinations of recruits has thus far been confined to those who desired to enter the service, and who consequently concealed or made light of their disabilities. But it is presumed that the conscript wishes to escape service, and to do so, feigns disease, or occasionally maims himself. The latter examination is much more difficult than the former, involving often the nicest discrimination of appearances, and the most careful study of symptoms made conspicuous but without an adequate cause. All the most recent methods of investigation must be applied, and oftentimes with much more skill than in ordinary examinations.

The feigning of disease by conscripts has long been practised, and most governments have passed stringent laws relating to it. Charondas, among the Greeks, punished those who employed stratagem to avoid going to war, by exposure in the dress of women on a scaffold for three days. In the Roman State conscripts often maimed themselves. Some cut off their thumbs (*pollice trunci*, poltroons), as has already been practised in Connecticut. But they were still compelled to serve. Theodosius ordained that two maimed conscripts furnished by a district should count only as one efficient recruit in the prescribed levy. Constantine ordered that persons self-mutilated should be branded, and still retained in service. Other emperors punished persons who maimed themselves to avoid serving in the campaigns of the Republic still more severely, and Augustus even put some to death. In modern times, persons endeavoring to escape service by feigning disease or disabling themselves, have been sentenced to imprisonment, to receive corporal punishment, or have been compelled to serve in the army for life.

To determine the nature of the complaint of the conscript, whether true or feigned, it early became necessary to call in the services of physicians. And it is not very creditable to our profession to find in subsequent legislation evidences of the connivance of the examining surgeon with the recruit to effect the exemption of the latter. In the *Code de la Conscription* is a regulation to this effect:—"Officers of health and others, convicted of having given a false certificate of infirmities or disabilities, or of having

received presents or gratifications, were to be punished by not less than one or more than two years' imprisonment, or by a fine of not less than 300 or more than 1000 francs." In 1818 it was ordered by the French Government that medical officers who were proved to be accomplices of persons endeavoring to escape service when called upon, should be imprisoned from two months to two years, besides being fined 200 to 2000 francs. Still later, the surgeon who gave false certificates for liberation or exemption from the public service, should be punished with from two to five years' imprisonment, and if he accepted bribes and promises the penalty was banishment. Other governments have found it necessary, and we acknowledge the fact with shame, to introduce a clause punishing more or less severely the delinquent medical examiner of conscripts.

The severe European wars of the early part of this century, and the frequent conscriptions that were made, added so many to the exempts from disability that the fact arrested public attention. More thorough investigation was made into the character of the diseases of those claiming exemption, when it was found that vast numbers were simulated or self-inflicted. This led to a more systematic study of feigned diseases, and the subject became one of great public importance, for upon it often depended the integrity of the army. During the last quarter of a century great advances have been made in establishing upon correct principles the proper interpretation of feigned diseases. This is seen in the comparison of the French conscription with recent investigations. From 1800 to 1810 every available man was pressed into the service of the French army, and yet, in every one thousand rejections, there were found, idiots 8, deaf 17, short-sighted 58, stammerers 9, epileptics 21, diseased eyes 121, pulmonary affections 169. Recent examinations show for one thousand rejections, idiots 5, deaf 2, stammerers 3, epilepsy 1, diseased eyes 63, pulmonary affections 7. It is proper to infer that the balance in conscription were feigned diseases or defects which the examiner could not detect.

The diseases which conscripts feign are found to embrace the whole category of human ailments. Ludicrous as was the scene at the bar of Jupiter when all the sick and maimed of the earth came forward to exchange diseases, it will be surpassed by the concourse of disabled which will throng the examiner's office. Hundreds who have always been regarded by their intimate friends as sound in "wind and limb" will now be found to be hopeless asthmatics and confirmed cripples. Many heads have become grey from the neglect of hair tonic, and many eyes have fallen from their sockets, leaving sad evidences of the insidious workings of age and disease. Every physician must have noticed the increase among his male patients of hernia, varicocele, varices, distressing coughs, and evidences of hereditary insanity, epilepsy, apoplexy, etc. To discriminate between the false and true will require great experience, care, and skill, in the diagnosis of disease. While it is of the greatest importance to detect the impostor and hold him to strict accountability, it is not the less important to the public service, and but common justice to the individual, that the genuinely disabled should be exempt. If the latter is pressed into the army he becomes at once an incumbrance. He may endure the slight fatigue of the camp, and become a well drilled soldier, but the first exposure or fatiguing march sends him to the hospital, an invalid for the remainder of his term of enlistment.

The medical examination of persons claiming exemption from service under the present draft, and alleging disability, will be a most responsible duty. It will require on the part of the examiners, to properly discharge their duty, not only honesty and integrity of purpose, but a large experience in the practical study of disease. A distinguished medical author has very justly remarked: "It is obvious that the more we know of disease by reading and observation, the more patience and temper we possess, the more successful shall we be in the detection of imposture." A writer on this subject has given his opinion, "that the wiles of soldiers in hospitals will be more certainly discovered by those who have an accurate knowledge of disease, obtained from clinical observation and pathological writings of authority, than by those possessing natural sagacity in the highest degree, if unassisted by a habit of carefully contemplating and studying disease." The Chief of the army medical department of the Prussian army states, "that a knowledge and experience greater than is generally believed, along with an acquaintance with anatomy, physiology, and pathology, is especially required to decide upon the health and general efficiency of recruits, and to distinguish between defects that may be real from those that are only feigned." We hope the very best men in the profession will be selected by the State authorities to perform this public service. Massachusetts has already set an example worthy of imitation. Among the examiners appointed we recognise the most distinguished medical men. If her example is followed the service will be an honor to our profession.

THE WEEK.

It is surprising what indifference our authorities manifest to the deficiencies in the provision for the wounded in the field. Early in the war we urged the formation of an efficient ambulance corps, a most important provision for the succor of the wounded in modern warfare where projectiles are so unerring. No civilized nation is now without this corps attached to its armies; even the rebels have a special organization of this kind, and each member has on his cap the title "Ambulance Corps." But we still adhere to the old system, and either disgracefully leave our wounded on the field, or, whenever a man falls, two comrades carry him to the rear. The result is that the wounded are, at best, indifferently cared for, and the effective strength of the army is greatly reduced in an engagement. The late battles so painfully demonstrate the absolute loss of life due to the absence of proper transportation that it is impossible for the proper authorities longer to refuse this most important organization. Surgeon-General Hammond, in his efforts to render the medical branch of the army effective, has used every means to form an ambulance corps, but his efforts have proved unavailing by the opposition of higher authorities. Dr. Agnew, of the Sanitary Commission, estimates the loss of life in the recent battle at Antietam, due solely to want of proper transportation, at five hundred! Such wanton, reckless waste of human life will not be tolerated by the people, and the proper reform will now be instituted.

—

The Sanitary Commission contemplate establishing a Directory which will contain the names of all the sick in the military hospitals, with the name of the hospital in which each individual is located. This will be constantly revised so as

to make it possible for any one applying to learn the location of a friend at once, to be informed of the particular hospital in which he is placed. This will involve an immense amount of details, but if successfully accomplished, it will give great satisfaction to the public, and save much suspense and heartburning. We learn that Dr. Geo. H. Tucker, of this city, is engaged in perfecting the plan. It could fall into no abler hands.

—

An apparatus has recently been contrived by Alois Peteler, of New Brighton, Staten Island, for the more thorough ventilation of ships and hospitals. The principle of its construction is simple, and we see no reason why it should not meet the designs of its inventor. Besides mere ventilation by the pumping out of air from a hold or room, the temperature can be lowered to any desirable degree. This is accomplished by forcing the air by means of an arrangement through a spiral channel surrounded by pounded ice. Some time since we had occasion to make some remarks upon the bad health of our seamen as due to the lack of ventilation and the heat of our iron-clads. Mr. Peteler's apparatus promises to remove, if not entirely, at least in a great measure, the objections we urged against such a style of vessel. We hope a fair trial will be made of its utility.

—

We shall be able in future, through the kindness of gentlemen connected with the Assistant-Surgeon-General's office at St. Louis, to keep our readers informed of all the doings of that department of the new Medical Bureau. Although of comparatively recent organization, it has already, under the able management of Dr. R. C. Wood, exerted an immense influence over the whole department of the West. An account of some of its operations may be seen under the proper heading.

—

Our next issue will be the Students' Number, and will contain an account of all the Medical Colleges throughout the North, besides other matters of interest. Some of the schools have closed since last year, and others have failed to send us catalogues, but we have spared no pains to make note of all changes that have come to our knowledge.

Medicinal Properties of Wild Thyme.—M. Joset states, that by the simple administration of an infusion of wild thyme, slightly sweetened and mixed with gum, he has observed the improvement and even the cure, as if by enchantment, of cases of hooping-cough, taken indifferently at all the periods of the disease. The same was the case in stridulous sore throat, and in convulsive and catarrhal coughs. In the worst cases of hooping-cough the pathognomonic paroxysms, although they did not entirely disappear at the end of a few days, became so much modified in their character, that the disease resolved itself into a case of simple bronchitis, which was easily treated. These remarkable cures, so rapidly effected, and obtained only by the administration of wild thyme, have led M. Joset to look upon this plant as a sovereign remedy, and in some degree a specific one, in the affections of the air-passages. The employment of this plant is not a novelty, for it was formerly recommended very extensively in the treatment of obstinate coughs, and it enters into the formation of some popular powders and syrups. M. Joset advises it to be given in the form of a concentrated infusion, slightly sweetened, to be taken in any quantity which the patient can drink, and until the desired effect is produced. The favorable result has generally ensued at the end of a very few days.—*Brit. and For. Med.-Chir. Rev.*

Reviews.

A Practical Guide to the Study of the Diseases of the Eye, their Medical and Surgical Treatment. By Henry W. Williams, M.D., Fellow of the Massachusetts Medical Society, Honorary Fellow of the Rhode Island Medical Society, Member of the American Medical Association, etc. Boston: Ticknor and Fields. 1862. 12mo. Pp. 318.

The task that our author has here imposed on himself is one indeed difficult of fulfilment. Since, thanks to the investigations and discoveries of the last ten years, our knowledge of the nature and treatment of diseases of the eye has been, in many important respects, completely revolutionized; a convenient text-book that would embrace, within moderate limits, the results of the more important investigations of the new school, at the same time retaining what was really of value among the teachings of the old, has been a desideratum in the medical literature of our own, as of every other, language.

Dr. Williams has presented, in a form adapted to the comprehension of any student, a resumé of the more patent, and, till of late, best understood affections of the eye. The descriptions of disease are good, the treatment in many instances judicious, in others doubtful. The general opinion of the present day has not pronounced in favor of the exclusive use of the sulphate of copper for the treatment of granulations, or mild astringents in gonorrhœal ophthalmia, nor has nitrate of silver been generally discarded in ophthalmia neonatorum. The local application of calomel in phlyctenular conjunctivitis would hardly be stigmatized by our author as a mode of treatment "worthy of veterinary surgery," were he aware that it is fully endorsed and practised by many of the leading authorities of the present day. Bowman's method of treating obstructions of the lachrymal duct embraces the slitting up of the canaliculus from end to end as a necessary preliminary, and seems to be misunderstood by Dr. Williams, who counsels the mere enlargement of the punctum. A similar misapprehension, and one calculated to lead the individual following it into grave error, is evinced in the remarks on the treatment of conical cornea, where it is said that, in the operation recommended by Bowman in these cases, "the edge of the pupil is drawn through and allowed to form adhesions with a small puncture of the cornea." On the contrary it is that part of the iris, midway between its free and its ciliary edge, that is seized and drawn through the wound; thus leaving the entire circumference of the original pupil in the anterior chamber. And, while the remarks of the author on the constant and unremitting use of mydriatics in iritis are eminently proper and judicious, his doctrine of the absolute proscription of mercury is one that has found little favor among oculists either at home or abroad.

The chapter on affections of the crystalline lens is elementary and intelligible. We think that, in the remarks on extraction, the advantages of making the corneal section upwards are overrated, and are somewhat surprised to find a rather minute description of the now obsolete operation for breaking up the lens through the sclerotic. We know not how strongly to insist on the principle that the operation of reclination or couching, recommended by the author to "surgeons of small experience," is unscientific in theory and dangerous in practice; and, in view of the recent improvements in the linear and flap operations for extraction, wholly unjustifiable at the present day. We are happy in being able to state that the leading surgeons of our own city in this department have followed the example of their European brethren in discarding this operation.

In the chapter on operations for artificial pupil, we are met by the statement that this operation is "not to be advised where the other eye is still healthy, as more embar-

rassment would arise from the want of harmony in the two eyes, than benefit in the amount of vision obtained in the eye operated on." We had supposed this antique objection set at rest, not only by the observations of Desmarres, who earnestly combats the view expressed by the author, but by the writings of Graefe, who gives as the result of his very considerable experience, that, in many cases, common vision of the two eyes is retained; and, where this is not the case, the general advantages of an enlargement of the field of vision, and an increased acuteness of perception, are still secured.

The chapter on glaucoma is incomplete and unsatisfactory. Very little stress is laid on the premonitory symptoms, the two most weighty of which—increasing presbyopia and arterial pulsation—are not even alluded to. That the end and object of iridectomy, as applied to this disease, is wholly misunderstood, is evident from the statement gravely made that this operation is performed "with a view of affording free communication between the posterior and anterior chambers," a communication that already exists. The operation of Nunnely, referred to in the text as one of the methods that may be employed, is one that has met with little or no favor either in the country of its origin or amongst us, where we believe we may claim the surgical treatment of glaucoma in its various forms to have been very thoroughly tested. And we cannot, in this connexion, forbear expressing our unqualified reprobation of the advice, given by Dr. Williams, to essay in this disease "measures for the improvement of the health of the patient" before proceeding to operative interference. We had supposed the conviction universal of the utter hopelessness of any but surgical treatment in this affection, and of the extreme importance of its prompt application.

A very brief description of the ophthalmoscope is given early in the work, and a still more hasty notice of ophthalmoscopic diseases and appearances occurs in later chapters. In our judgment no treatise on the eye, however elementary its design, should be wanting in at least an attempt to do justice to so important a subject. And that it is practical, as well as important, a single instance may serve to illustrate. It has been observed that, in many cases of well marked near-sightedness, a white crescent or patch may be found partially or wholly surrounding the entrance of the optic nerve as seen with the ophthalmoscope. As the near-sightedness increases this patch is observed to grow larger and larger; smaller isolated spots of a kindred nature make their appearance on other portions of the fundus of the eye; and finally, if injudicious use of the eyes has pushed the myopia to its utmost, separation of the retina from the choroid and secondary cataract condemn the unhappy patient to irremediable blindness. This affection is an atrophy of the choroid, inflammatory in its nature, progressive in its tendency, of common occurrence, and amenable to treatment. Take the case now of a myopic student who comes to us and inquires whether the state of his eyes will allow him to continue his studies, or whether he can only preserve useful vision by avoiding books and a sedentary life. One glance with the ophthalmoscope settles the question. It shows us whether this affection is present, whether it is—in the case before us—progressive, enables us to establish a sure prognosis, and to recommend appropriate treatment. Had the invention of Helmholtz accomplished nothing else, this alone would entitle it to our lasting gratitude. We regret to say that, in the book before us, the affection in question receives no allusion.

The chapters on affections of the adaptive powers of the eye, and on the choice of glasses, need no notice from us here. They are but a resumé of the good old conventional theories on this subject; theories that were dominant before the application of the exact sciences to this department of medicine, and which have quietly died away before the investigations of Helmholtz, Cramer, and Donders. They are still, however, of interest in an historical point of view.

It is with feelings of sincere regret that we have felt ourselves constrained to pen so wholesale a criticism. But a careful and dispassionate perusal has left us no alternative; and we have felt that we could not, without a protest, let this book take its rank in our American medical literature as an exponent of modern ophthalmology.

Army Medical Intelligence.

NEW MEDICAL BUREAU.

It is known that a branch of the Medical Bureau of the Army has recently been established in St. Louis. Colonel R. C. Wood, U.S.A., Assistant Surgeon-General, has charge of its organization and administration. The jurisdiction of the new bureau extends over the following States: Michigan, Illinois, Indiana, Wisconsin, Kentucky, Tennessee, Alabama, Mississippi, and all States west of the Mississippi river. Colonel Wood's Staff consists of the following officers of the Regular Army: Surgeon Joseph B. Brown, late Medical Director of Keyes and Franklin's Corps d'Armée, a position which he filled with unusual ability through the campaign on the Peninsula, and Assistant Surgeons H. M. Sprague, and B. E. Fryer; the former having seen much service with the Army of the Mississippi, and the latter having recently been in charge of the "Mount Pleasant" and "Stone" Hospitals, Washington, D. C. There are also attached to the Department the following Medical Inspectors: Lieut. Colonel C. C. Keeney, U.S.A., Lieut. Colonel G. H. Lyman, U S.A., and Lieut. Colonel G. T. Allen, U.S.A. The Assistant Surgeon-General has recently returned from a tour of inspection to Corinth and other points in the south and south-west, having previously inspected the Hospitals at Chicago, and Quincy, Illinois, and Keokuk, Iowa.

Lieut. Colonel Keeney having inspected the camps and hospitals in Illinois, is now extending his tour to Fort Snelling and the Upper Mississippi. Lieut. Colonel G. H. Lyman is inspecting the hospitals and camps in Kentucky and Tennessee, while Lieut. Colonel Allen, having visited the hospitals and camps in Mississippi and Alabama, will repair to Helena, Arkansas, for the same purpose.

INSPECTION OF GENERAL HOSPITALS OF THE ARMY.

The following letter, addressed to certain of our most distinguished surgeons throughout the country, will sufficiently explain itself.

Office of the U. S. Sanitary Commission,
498 Broadway, New York, September 24, 1862.

Sir:—The Sanitary Commission propose to commence on the —— of October, a special inspection of the General Hospitals of the Army.

These are forty-seven in number, in the District of Columbia alone, and perhaps as many more in all other parts of the country; they contain, at this time, not less than 50,000 sick and wounded.

As this proposed service is additional to the duties of this nature heretofore performed by the Commission, and is for a higher purpose, they wish to secure the assistance of the best medical and surgical ability in the country for the work—as none but men of established position and character are able to carry the moral weight and influence with the Army Surgeons, essential to the practical success of this effort to secure the highest standard of professional excellence in the management of Military Hospitals.

The Commission propose to keep six inspectors constantly employed east and west, and to accept the services of such as can serve not less than a fortnight, whilst they ask no service for more than one month. The most they can offer the profession in the way of remuneration is $250 per month.

The scheme of this inspection is for the six months ending May 1st, 1863.

You are respectfully requested to designate before the —— October, when the books will close, the period, if any, for which you are willing to serve, and the precise date when you can most conveniently render the service. The Commission will, however, consider it a special favor if you will allow them to designate the time when your services will be most acceptable. If you can serve for two terms of a fortnight each, at an interval of three months, please to state. For the Western hospitals a month's service would be preferred.

The Commission is anxious that this duty shall be undertaken with the earnest and unselfish purpose of securing for our sick and wounded soldiers thorough and able hospital treatment by the detection and removal of all defects in administration or professional care susceptible of remedy or improvement.

Full instructions as to the form of the report required will be furnished at the proper time.

By order of the Executive Committee.

Very respectfully, your obedient servants,

W. H. Van Buren, M. D.
C. R. Agnew, M. D.
Wolcott Gibbs, M. D.

Correspondence.

DOMESTIC CORRESPONDENCE.

[To the Editor of the American Medical Times.]

Sir:—Washington may be called "The City of Hospitals." There are, at this present moment, no less than forty-three military hospitals in and around this city, with an aggregate of nearly 20,000 patients. The location of so many hospitals at this point must be a matter of purely military necessity, for in some respects a more unfavorable locality could not have been selected. You will remember that Washington is situated in a basin, which admits of but imperfect drainage. It is in fact a malarial region. No attention whatever seems to be given to the cleanliness of the city; the streets are ankle-deep with mud in the winter and dust in the summer; the drains and alley-ways are foul with the decomposing animal and vegetable matter. But, to cap the climax of municipal neglect of sanitary regulations, an old canal, extending circuitously up into the heart of the city, and which is the receptacle of many of its sewers, is allowed to remain partially filled with decomposing sewage and other matter the hot summer through. No tide water disturbs this receptacle of all uncleanness, but throughout the hot summer and autumn months it sends up clouds of poisonous gases which are diffused unseen over this valley. I stood a few minutes upon a bridge at midday, and watched the bursting of the innumerable bubbles of gases upon the surface of its green and stagnant waters.

You will remember, also, that for nearly two years Washington and its suburbs have been the camping ground of hundreds of thousands of soldiers, infantry and cavalry. This latter fact is sufficient of itself to condemn any locality as a place for a hospital. The vast amount of refuse which accumulates around camps tends to render their neighborhood unfit for the habitation of men, and much more for the restoration of the sick.

These considerations lead me to fear that the mortality in the military hospitals will be great, perhaps unprecedented. If the emanations from sewage and decomposing animal matter are the producing cause of typhoid diseases, then typhoid must yet be a prevailing endemic disease in the hospitals of this district. And if the exciting cause of pyæmia is an atmosphere impregnated with the emanations from human excretions, and if, as Mr. Paget teaches, the best remedy for this dangerous surgical affection is pure and unadulterated air, then pyæmia must yet complicate most of the cases of wounds without the adequate remedy.

But there is a certain necessity in the location of so many hospitals here. It is the nearest point from most of the severe battles at which they could be established. It is also the centre to which converge all the medical and hospital supplies. Finally, it is the headquarters of the Medical Department of the army. In the selection of sites for the different hospitals it has been quite impossible to consult only the sanitary interests involved. Vacant plots of ground had to be taken, and finally such churches as were of suitable construction for hospital purposes. Under these circumstances it seems to me that Surgeon-General Hammond has shown great discretion.

Grave complaints are made against the management of these institutions by the visitors from voluntary aid associations. They are, however, by no means always well founded, as I know from personal examination. Nor would it be surprising if mismanagement were the rule. It requires first rate executive ability, with a large amount of practical experience in hospital administration, to manage one of these institutions well from the first. But here are forty-three of those hospitals, averaging four or five hundred patients each, many of which were organized and filled in a day, and it is quite impossible to command a sufficient number of men with such qualifications to supply these places.

There are errors, however, in their management, and these the Surgeon-General is correcting with that promptness and decision which now characterize the administration of the medical department of the army. The people must be patient, and in due time we shall have a system of management introduced into all our military hospitals, which will render them the pride, rather than the opprobrium of the country.

At another time I shall give you some account of the individual hospitals.

The Medical Bureau is making herculean efforts to meet the immense demands made upon it. A single battle of a few hours renders it necessary to transport thousands of wounded many miles, to provide for their immediate wants, and establish hospitals for their future treatment. As far as human efforts can accomplish these ends in the shortest space of time, Surgeon-General Hammond does it, so far as his department is concerned. Before the late battle was over he personally visited the field, to superintend the arrangements for the care of the wounded. When we contrast the present energy of the Bureau with its past inefficiency, it should be a matter of public congratulation that it was reformed so early in the war, and a thoroughly competent officer placed at its head. But much as the department was improved by the late Act, it still needs greater independence and enlarged powers. As rank carries power, the grade of its officers should be raised; the Surgeon-in-Chief should be a Major-General, and every man in the medical staff should be promoted indefinitely according to merit on the field. The whole matter of caring for the wounded, transportation, etc., should be exclusively under the direction of the Medical Department. These reforms we hope yet to see made. During the absence of the Surgeon-General his official chair is occupied by Dr. Joseph R. Smith, U.S.A., formerly of New York State. Dr. Meredith Clymer, U.S.A., of Philadelphia, is at the head of a department devoted to volunteers.

The Sanitary Commission, which is the great arm of public charity, works most harmoniously in aid of the medical department. Every hospital is supplied with those articles of comfort for the sick which are not furnished by the Government, and in the pressing emergencies of the battle-field its agents are the first to raise the wounded men from the place where they fell, and administer stimulants and food. Its officers are energetic and untiring, and though but a voluntary organization it has all the order and method in the despatch of business that characterize the best directed branches of the public service. Its detail of office business is managed by Frederick Law Olmstead, Esq., the able Secretary, assisted by Mr. Knapp, and its Associate Secretaries Drs. J. F. Jenkins and J. H. Douglass.

Sept. 29, 1862.

PUBLICATIONS RECEIVED.

I. Cases in Surgery, Gunshot Wounds, Plural Births, etc. II. Operation for Fissure of the Palate, with the Results of 24 Cases. By J. Mason Warren, M.D., one of the surgeons to the Mass. General Hospital.

Proceedings of the Seventh Annual Convention of the Connecticut Medical Society, held at Bridgeport, May 28 and 29, 1862, pp. 80.

The Hospital Steward's Manual, for the Instruction of Hospital Stewards and Attendants in their several duties. By Joseph Janvier Woodward, M.D., Assist. Surg. U.S.A., Member of the Natural Sciences of Philadelphia. Pp. 324.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 22d day of September to the 29th day of September, 1862.

Deaths.—Men, 88; women, 85; boys, 126; girls, 111; total, 410. Adults, 173; children, 237; males, 214; females, 196; colored, 5. Infants under two years of age, 175. Children born of native parents, 13; foreign, 159.

Among the causes of death we notice:—Apoplexy, 6; infantile convulsions, 27; croup, 12; diphtheria, 11; scarlet fever, 3; typhus and typhoid fevers, 14; consumption, 69; small-pox, 2; measles, 3; dropsy of head, 10; infantile marasmus, 43; cholera infantum, 31; inflammation of brain, 17; of bowels, 9; of lungs, 10; bronchitis, 2; congestion of brain, 3; of lungs, 4; erysipelas, 1; diarrhœa and dysentery, 29. 215 deaths occurred from acute diseases, and 33 from violent causes. 281 were native, and 179 foreign; of whom 81 came from Ireland; 48 died in the City Charities; of whom 13 were in Bellevue Hospital, and 3 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept.	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
1862	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
22d.	30.19	.04	64	71	57	10	15	N.W.	.04	487
23d.	30.17	.16	62	70	56	9	14	S.W.	1	528
24th.	30.00	.15	64	57	71	7	12	S.W.	8	610
25th.	30.08	.07	58	58	66	11	16	N.W.	.03	440
26th.	30.10	.07	58	47	70	18	20	N W.	1	370
27th.	30.04	.08	62	00	72	9	15	S.W.	2	528
28th.	30.00	.10	66	63	70	5	6	N.E.	10	717

REMARKS.—22d, Fine day, with fresh wind. 23d, Fine. 24th, Mostly cloudy, rain at 4 P.M. of about ten minutes' duration. 25th and 26th, Very fine dry days. 27th, Cloudy P.M. 28th, Cloudy, light rain A.M.

SPECIAL NOTICES.

NEW YORK COUNTY MEDICAL SOCIETY.—*The Anniversary Meeting of this Society will be held at the College of Physicians and Surgeons, corner of Twenty-third Street and Fourth Avenue, on Monday next, 6th inst., at half-past 7 o'clock P.M.—Election of Officers for ensuing year to be held. Punctual attendance requested.*

NEW SYDENHAM SOCIETY PUBLICATIONS.—*The Secretary of the New Sydenham Society can furnish to members any or all of the volumes published by the Society for* 1859, 1860, *and* 1861, *and to those members who paid in their subscriptions in season to be received in London before the last invoice was made up, some of the volumes for* 1862 *will be delivered on application to* DR. C. F. HEYWOOD, 66 *West* 20*th St.*

Dr. Churchill's Hypophosphites.

PREVENTION AND CURE OF CONSUMPTION

A supply of these important medicines,

SYRUP OF HYPOPHOSPHITE OF SODA.
SYRUP OF HYPOPHOSPHITE OF LIME.
PILLS OF HYPOPHOSPHITE OF QUININE.
PILLS OF HYPOPHOSPHITE OF MANGANESE,

has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill.

Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.

Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

New York Eye Infirmary,

2D AVENUE AND 13TH STREET.

LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of

OPHTHALMIC MEDICINE AND SURGERY.

Lectures will be held on

MONDAY, WEDNESDAY, AND FRIDAY,

BY

DRS. C. R. AGNEW, AND HENRY D. NOYES.

The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.

The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.

Fee for Lectures, ...	$10.00
Diploma Fee, ...	5.00

DEMONSTRATIONS OF THE

INTERNAL DISEASES OF THE EYE,

WITH THE OPHTHALMOSCOPE,

will be made during the Lectures, while a more complete acquaintance with these diseases can be had in a private class with Dr. Noyes.

THE CLINIQUES OF THE INFIRMARY,

ON

MONDAY, WEDNESDAY, AND FRIDAY,

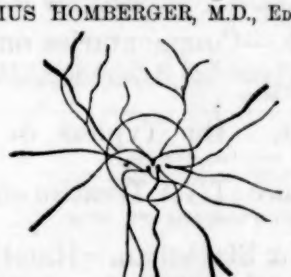
are free to all medical men and students. More than 5,000 patients are treated annually.

New England Mutual Life Ins. Co.,

BOSTON AND NEW YORK, ORGANIZED 1843. **ASSETS, $2,350,000.** Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. ☞ *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



No. 2, for September, just published.

Subscription Price for one year (six numbers), $2.00; sample numbers free.

BAILLIERE BROTHERS,
440 Broadway, New York.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Appia (P. L.) The Ambulance Surgeon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. $1.50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Diphtheria. By Edward Headlam Greenhow. 1861. Pp. 160. Price, $1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

Bailliere Brothers, 440 Broadway, N. Y.

BOOKS
ON
MILITARY SURGERY
FOR SALE BY
BAILLIERE BROTHERS
440 BROADWAY.

JUST RECEIVED, COMPLETE COLLECTIONS OF THE ENGLISH GOVERNMENT REPORTS ON THE MILITARY MEDICAL DEPARTMENT.

Armand, Histoire Medico-Chirurgicale de la Guerre de Crimée. 8vo. Paris. $2.10.

Baudens.—La Guerre de Crimee, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. $1.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expeditions de 1854, 1856, and 1857. 8vo. Paris, 1862. $2.10.

Boudin.—Resumes des dispositions legales et reglementaires qui president aux operations medicales du recrutement, de la reforme et de la retraite dans l'armée de terre. 8vo. Paris. 60 cts.

Boudin.—Systeme des Ambulances des Armées Francaises et Anglaises. 8vo. Paris. $1.00.

Cazalas. Maladies de l'Armee d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. $1.50.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. $2.00.

Guthrie.—Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands. With Additions relating to the War in the Crimea. 8vo. London. $4.65.

Jacquot. Du Typhus de l'Armee d'Orient. 8vo. Paris, 1858. $2.10.

Longmore (T.) A Treatise on Gunshot Wounds. Philadelphia, 1862. 75 cts.

Tripler & Blackman.—Hand-Book for the Military Surgeon. 12mo. Cincinnati. $1.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By George H. B. MacLeod, M.D. Philadelphia, 1861. $1.50.

Outlines of Military Surgery. By Sir George Ballingall, M.D. 5th edition, 8vo. London. Price $4.00.

Warlomont. L'Opthalmie Militaire à l'Academie Royale de Medecine en Belgique. 8vo. Bruxelles. $2.40.

Williamson.—Notes on the Wounded from the Mutiny in India. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. $4.80.

College of Physicians and Surgeons.
MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.
Corner of Twenty-third Street and Fourth Avenue, New York.
Session of 1862–3.

EDWARD DELAFIELD, M.D., President, and Professor Emeritus of Obstetrics.
ALEXANDER H STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1862-3 will commence on MONDAY, SEPTEMBER 22, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 20, and continue until the *second* Thursday of March, following.

Fees for a Full Course of Lectures, $105; Matriculation, $5; Graduation, $30.

SAMUEL ST. JOHN, M.D., *Secretary of the Faculty.*

Students of the College are admitted to *all the Clinical Instruction* given in the New York and Bellevue Hospitals on the same basis as heretofore. At the New York Hospital, Drs. Smith, Parker, and Markoe, and at the Bellevue Hospital, Drs. Parker and Clark, are members of the attending staffs.

New York Medical College and
CHARITY HOSPITAL. No. 90 East Thirteenth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

FACULTY.

HORACE GREEN, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.
JOHN M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.
B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.
CHARLES A. BUDD, M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
CHARLES A. SEELY, Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
———— Professor of Physiology of Microscopic Anatomy.*
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

On Amputations, by.....Prof. Carnochan.
" Gunshot Wounds, by.....Prof. Raphael.
" Pregnancy, by.....Prof. Budd.
" Diseases of the New Born, by.....Prof. Jacobi.
" Bandaging, by.....Prof. Holcomb.
" Anatomy of the Regions, by.....Prof. Smith.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, etc., may be obtained by addressing

PROF. B. I. RAPHAEL, M.D.,
Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Illustrated manual of Operative Surgery and Surgical Anatomy, by Drs. Bernard and Huette. Edited with notes and additions, and adapted to the use of the American Medical Student, by Drs. W. H. Van Buren and C. E. Isaacs. Illustrated with Steel Engravings, from drawings after nature. 8vo. Colored Plates, $15.00.

Bailliere Brothers, 440 Broadway, N. Y.

University of Buffalo. Medical Department.

—Session 1862-63. The Annual Course of Lectures in this Institution commences on the First Wednesday in November, and continues sixteen weeks. The dissecting room will be opened on the Second Wednesday in October.

Clinical Lectures at the Buffalo Hospital throughout the entire terms by Professors Moore and Rochester.

CHARLES B. COVENTRY, M.D., Emeritus Professor of Physiology and Medical Jurisprudence.
CHARLES A. LEE, M.D., Professor of Materia Medica.
JAMES P. WHITE, M.D., Professor of Obstetrics and Diseases of Women and Children.
GEORGE HADLEY, M.D., Professor of Chemistry and Pharmacy.
THOMAS F. ROCHESTER, M.D., Professor of the Principles and Practice of Medicine and Clinical Medicine.
EDWARD M. MOORE, M.D., Professor of the Principles and Practice of Surgery and Clinical Surgery.
SANDFORD EASTMAN, M.D., Professor of Anatomy.
JOSHUA R. LOTHROP, M.D., Lecturer on Materia Medica.
WILLIAM H. MASON, M.D., Professor of Physiology and Microscopical Anatomy.
SAMUEL W. WETMORE, M.D., Demonstrator of Anatomy.

The fees for the tickets of all the professors, inclusive of the hospital ticket, amount to $70; matriculation fee (annually) $5.

Students who have attended a full course of Lectures in this or any other institution, will be received on payment of $50. The fee for those who have attended two courses elsewhere is $25.

Graduation fee $20. Demonstrator's fee $5.

SANDFORD EASTMAN, M.D., *Dean of the Faculty.*

Buffalo, *Sept.* 1862.

Medical Department of the University

of Michigan—Session 1862-63. The Lectures in this Medical School will commence on the 1st day of October, and continue until the last Wednesday in March.

REV. HENRY P. TAPPAN, D.D., LL.D.
President of the University.

Officers and Members of the Medical Faculty.
Dean, SILAS H. DOUGLASS, M.D.
Secretary, ALONZO B. PALMER, M.D.

ZINA PITCHER, M.D., Emeritus Professor of the Institutes of Medicine and Obstetrics.
ABRAM SAGER, M.D., Professor of Obstetrics and Diseases of Women and Children.
SILAS H. DOUGLASS, M.D., Professor of Chemistry, Pharmacy, and Toxicology.
MOSES GUNN, M.D., Professor of Surgery.
ALONZO B. PALMER, M.D., Professor of the Theory and Practice of Medicine and Pathology.
CORYDON L. FORD, M.D., Professor of Anatomy.
SAMUEL G. ARMOR, M.D., Professor of the Institutes of Medicine and Materia Medica.
HON. THOMAS M. COOLEY, Professor of Medical Jurisprudence.
ALFRED DuBOIS, M.A., Assistant Professor of Chemistry.
WILLIAM LEWITT, M.D., Demonstrator of Anatomy.
PRESTON B. ROSE, M.D., JOHN W. LANGLEY, B.S., } Assistants in the Chemical Department.

FEES.

Matriculation (paid but once)	$10 00
Incidental Expenses	5 00
Demonstrator's Ticket (for those studying Practical Anatomy)	3 00
Graduation Parchment	3 00

The Professorships being supported from the Public University Fund, Tuition is *gratuitous.*

For further particulars inquire of the Dean, Ann Arbor, Michigan.

New York College of Pharmacy.

SESSION OF 1862-63.

The College of Pharmacy, chartered for the express purpose of "cultivating, improving, and making known a knowledge of Pharmacy, in its collateral branches of science, and the best modes of preparing medicines and their compounds, and giving instruction in the same by Public Lectures," has, in pursuance of these objects, made the following arrangements for the approaching Session, which will, it is hoped, meet the approval and support of all who desire, not only to improve themselves, but to see the general advancement of the science of Pharmacy in this country.

The Thirty-Third Annual Course of Lectures of this College will commence October 13, 1862, and be continued until the middle of March, 1863, at their Lecture Room, in the University Building, corner of University Place and Waverley Place.

The Introductory Address will be delivered by Prof. F. F. Mayer, on Monday, October 13, 1862, at half-past 7 o'clock, P.M. The regular lectures will be given on Mondays, Wednesdays, and Fridays, at 7 and 8 o'clock, P.M.

FERDINAND F. MAYER, *Prof. of Chemistry.*
JOHN M. MAISCH, *Prof. of Mat. Med. and Pharmacy.*

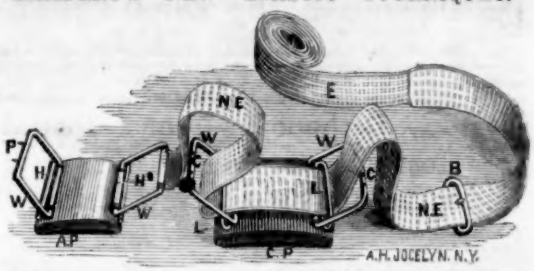
PRICE OF TICKETS.

For either Course, singly,	$10
For both Courses,	$15

For further information apply to, or address the Secretary,

P. W. BEDFORD,
745 *Sixth Avenue, N. Y.*

LAMBERT'S NEW ELASTIC TOURNIQUET.



This improved Tourniquet is now offered to the Profession. It has received the unqualified approval, so far as we can learn, of all Surgeons in this country and in Europe before whom it has been presented.

It is easily applied, allows, when desirable, the "collateral circulation," and is very compact and portable.

Price $2.

Send for a Circular of description and commendations.

WADE & FORD,
Sole Agents, NEW YORK.

Dr. Davis's Institute.—Corner of

37TH ST. AND MADISON AVE., NEW YORK.

This Institution is established for the purpose of carrying out in the most appropriate manner, the Treatment introduced by the undersigned for Diseases and Injuries of Joints, including *Old Dislocations* and Deformities.

The principles of his treatment, its benefits, and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision, are too obvious to all medical men to require elucidation. Indeed the, Institute is established in compliance with frequent requests of physicians as well as patients from abroad.

The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained on applying to

HENRY G. DAVIS.

Clinical Observations.—Observations

Recorded at the Bedside, with Commentaries, by W. T. Gairdner, M.D. 8vo. Edinburgh, 1862. $5.00.

Bailliere Brothers, 440 Broadway, N. Y.

On Uterine and Ovarian Inflammation;

and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D. Third edition, with Colored Plates. 8vo. London, 1862. $4.80.

Bailliere Brothers, 440 Broadway, N. Y.

GEORGE TIEMANN & CO.

Manufacturers of Surgical Instruments, &c.

No. 63 CHATHAM STREET, NEW YORK.

OTTO & REYNDERS,

Manufacturers and Importers of

Surgical, Orthopedical, and Dental Instruments, Trusses, etc., 58 Chatham Street, New York.

The various Splints for Morbus Coxarius, Abdominal Supporters, Shoulder-braces, Stockings for Varicose Veins, Electric Machines, Ear-Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Skeletons, Fine Cutlery, etc.

C. VALLEISE,

Manufacturer to the U. S. Army,

SURGICAL ELASTIC APPLIANCES, SUSPENSORIES, BANDAGES, ELASTIC STOCKINGS, KNEE CAPS, ANKLE SOCKS, AND ABDOMINAL SUPPORTERS.

No. 833 Broadway, New York.

Artificial Legs and Hands. Selpho's Patent Elastic Leg and Hand, 516 Broadway, New York.

These unrivalled substitutes for lost limbs, which have stood the test of over 27 years' experience and have never been surpassed, can be had only of Wm. Selpho, Patentee, 516 Broadway.

VACCINE

Virus of all kinds, perfectly pure, and most reliable, used by the leading physicians of this city; put up in the best form for transmission to any part of the world. Prices—single crust, from $1 to $3; single tube, $1.50; three, $4; single charge of eighth-day lymph, on pointed quills, 15 cts; fifteen points, $1; single charge, on convex surface of section of quill, 20 cts.; ten, $1.

N.B.—A *new stock* of Vaccine can hereafter be furnished to all who wish it; at present, May 1st, *one remove from the cow.*

Address, Eastern Dispensary, 57 Essex Street, New York.

COOPER'S

Dictionary of Practical Surgery

AND

ENCYCLOPÆDIA OF SURGICAL SCIENCE.

New Edition, brought down to the present time, by SAML. A. LANE, assisted by various eminent surgeons. In 2 Vols. Vol. I., 8vo. London, 1861. $10.00.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Clinical Essays, by B. W. Richardson, M.D. 8vo. London, 1862. $2.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

On Urine, Urinary Deposits, and CALCULI: Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Beale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price $3.40.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Diagrams of the Nerves of the Human Body, exhibiting their Origin, Divisions, and Connexions, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. Flower, M.D. Folio. London, 1861. $5.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Chemistry in its relations to Physiology and Medicine. By George E. Day, M.A., M.D., Professor of Medicine in the University of St. Andrews. With Plates and Illustrations: 1860. Pp. 527. Price, $6 00.

It is quite impossible, viewed medically and practically, to overrate the importance of a knowledge of physiological chemistry. Every student and practitioner ought not only to possess, but to study some standard treatise on the subject, and we believe that he cannot do better than take the work of Dr. Day as his guide, it being the most recent, as well as one of the best treatises on physiological chemistry hitherto published.—*London Lancet.*

This volume contains a large mass of materials on the subject of physiological chemistry, brought together in a tangible form, ready and available for the hand of the practitioner and the student of medicine. No man in this country is probably better—or so well—fitted as Dr. Day to introduce this truly German subject to the English reader.—*London Medical Times and Gazette.*

BAILLIERE BROTHERS, 440 Broadway.

WADE & FORD,

Instrument Makers to the

NEW YORK, BELLEVUE, AND CITY HOSPITALS,

Manufacture and Import all kinds of

SURGICAL AND DENTAL INSTRUMENTS, APPLIANCES, SYRINGES, ETC.,

85 *Fulton street, New York.*

W. & F. beg leave to call the attention of the Faculty to the latest and most COMPACT general operating case, which they have arranged under the supervision of Dr. JAMES R. WOOD, a full description of which will be forwarded upon application. Also, Dr. LEWIS A. SAYRE'S improved out-door Splint for MORBUS COXARIUS. Directions for measurements will be forwarded when requested.

References:—JAMES R. WOOD, M.D., LEWIS A. SAYRE, M.D., STEPHEN SMITH, M.D., B. F. BACHE, M.D., U.S.N.

PRICED CATALOGUES WILL BE SENT TO ANY ADDRESS.

☞ Agents for Jewett's Artificial Limbs, which are superior to all others.

Artificial Eyes.—T. J. Davis, Practical Maker and Inserter of the Artificial Human Eye. Supplies the New York Eye Infirmary, corner Thirteenth Street and Second Avenue.

OFFICE, 483 BROADWAY, NEW YORK.

THE PUBLISHERS offer the following inducement to those who may have opportunities to obtain subscribers to the MEDICAL TIMES:—

For one new subscriber ($3.00 being remitted), a copy of CHAVASSE'S ADVICE TO A MOTHER will be sent free by mail.

For two new subscribers ($6.00 being remitted), one copy of GREENHOW ON DIPHTHERIA will be sent free by mail.

For three new subscribers ($9.00 being remitted), one copy of SMITH'S SURGICAL OPERATIONS will be sent free by mail.

TERMS OF THE AMERICAN MEDICAL TIMES.

City and Canadian Subscribers, $3.50 per annum, payable in advance.
Mail Subscribers, $3 per annum, payable in advance.

Remittances must accompany an order for the Journal.

The Publishers will not hold themselves responsible for the loss of moneys inclosed in unregistered letters.

There are two volumes a year, commencing on the 1st of January and July; but subscriptions may begin at any date.

Those who desire to have the series complete can be supplied with the back numbers at the original subscription price.

The last volume, nicely bound in cloth, may be had at the office, for $1 75, and free by mail for $2 15; cloth cases for binding may be had at the office for 25 cents, and free by mail for 84 cents.

*** THE MEDICAL TIMES is published every Saturday morning, and is transmitted direct by mail throughout every section of the country. As a medium for immediate communication with the medical profession of the United States, it offers unsurpassed facilities to those desiring to advertise Medical Colleges and Schools, late Works, Surgical Appliances, Instruments of every kind, Drugs and Medicines, etc., etc. The following terms of transient advertisements may be modified by special contract for permanent insertion:

¼ column, or less, ...	each insertion	$1 00
½ "	"	1 80
¾ "	"	3 60
1 "	"	7 20

A deduction of 10 per cent is made for 6 insertions.
" 25 " " " 13 "
" 30 " " " 26 "
" 35 " " " 52 "

Communications should be addressed "Office American Medical Times 440 Broadway, N. Y." BAILLIERE BROTHERS,

Publishers and Proprietors.